#### Offender Medical Problem List STA NRC CENTER

		Age: 40 DOB: 01/17/1967	MI IDA.	
		Proc. Will		
Problem Number	Date Entered	NRC 01/26/2007 Problem List	Problem Resolved	Date Resolved
	1/1/07	NEA		
2	1)	tep i		
3.	11	Scoliosic		
	4/30/8	23° blo lever let in Am		
	1116/9	MCN Problem List Updated as Date 8 Int. Routine Care, No Change Additions:		
		Suhtan alm		
		2. (R) knu recontantine	/	
}		3 ( ) Trumstung 1985		
		of Thin. C. Hal		
	3/23/11	is when we delected in a caldition		
Ĺ				
		WENARD PROFESSALIST REVIOUSD  Updated For Tagger Time		
		The changes an Wepatito C/		
		Down		
	1/2/13	HEPC CC DONE & Cady		
	62613	MENARD PROBLEM LIST REVIEWED  Updated For Little Tulian At Little		
)		The changes are Hey Car Find Motor		

Printed on Recycled Laper

EXHIBIT 1

DQC 0088 (Eff 9/2002) (Replaces DC 7141-A)

Distribution Offender's Medical Record

## Offender Medical Problem List STANRC CENTER

Offender Information:
Burd Rorald 10# N60788

Problem Number	Date Entered	Problem List	Problem Resolved	Date Resolved
	17/6/13	JR: +10 V + reatment Started 6/05/8		
The second of the second of	10/10	How to Stopped Plt throw by promo		**************************************
		9/24/8 - (1)205/11	-	
	7/10/15			
	1/10/13	Her ilmis de God and		- C. The Barrier of Control of Co
	16-2-13	DEPOS DE LES DE LES DE LA		<i>[6]</i>
		MENARO PROBLEM LIST REVIEWED  Updated For WAAT ADMIN 7	<i>.</i>	V.
Property Control Statement Control	1	The changes are The processing the changes are the processing the		
	Tlolit	HOUCE Done good control Albertan Cot		
	01. 1	I'M NIX Eligible too theuth	1.3	
	EMI4	6 present D/T to 14 bosure - UX	UATE	
	12/7/5	REDC CCDON GOOD CONTO	lakinsom)	(
		HERCEC Denc - Gymanuc	UP	
	102115	12 and the same of a little of	angang ap 12. (alliani memberang anang alliang papanen 12.00001)	
	12/7/15	Det CCC dans moshley Cutter		
Agricum commercial (Agriculturia) in 18 and	They are			
Total State of the second			and the second s	- managed photography and a second or photography
		parameters and the second seco	The state of the s	
The state of the s				Market and the second of the second of the second
			Particular and the second of t	
	The same of the sa		Prof. contability	
			A CONTRACTOR OF THE CONTRACTOR	transferred and the second section of the section of the second section of the section of the second section of the section o
			gionni (Bhouadhpu)	
no dialetti rimes eriselleri Mac skrisseta			rry	ration parties o s <sub>econo</sub> e cognision e e energia de <b>espec</b>
Part of Williams of the second second			The second secon	
	The state of the s	A STATE OF THE PROPERTY OF T	to out of the control	g of
			-	ŧ,

Distribution Offender's Medical Record

Printed on Recycled Paper

DOC 0088 (Eff 9/2002) (Replaces DC 7141-A)

Date 1 31,07 Time 150 A 0 m	Race Ra	50788 ge: ace:	40	E. DOB: 01/1 Sex: M	I <b>D#:</b> _ 7 / 1 9 6 7 <sub>merican</sub>	Other/
Objective: System	Normai	ABN	Explanation:			
Head, Neck, Face, & Scalp	-	the day of the state			Andreas and the second	
Nose and Sinuses		to an indicate and an executive service of		The state of the s	Committee of the Commit	manufacture and a second secon
Mouth and Throat			Oral Condition			A COLUMN TO THE PROPERTY OF TH
Ears			Drums	A surface or the transportation of the surface and		To the materials and the same a
Eyes	/		Pupils Accommodation:	dom)	fundoscopic:	
Lungs and Chest including Breast			Auscultation:			Probability in the second seco
Heart	1		Rate:	,	Size Murmurs.	
Vascular	1	na. 2-fra eliteratuellarian-en f	Paryunii. W. Di-	mandan and an all the second s	Wallings.	The state of the s
Abdomen	1/1		Consistency:	Control of the second Sec	Tenderness() Scars ()	
Anus Rectum (Prostate = 40+ Male Only)		a desire a region - i di sonnigia a	Masses: Visual: Digital	and the Company of the control of th	Guaiac+/-/R	And T
Genito-Urinary System	1		Digital	Magazina (1.1.) a parametria primario de como	Gualag 17-710	
Upper Extremities	/		Strength: 55			
Lower Extremities			Strength: 35	1	/	*
Spine and Musculo-Skeletal			windows hu	ux (- April	e / urunu	Va I spine
Sk n and Lymphatics	1					Start 1
Neurologic DTR's	/		Romberg: Biceps Patella:		l	
Mental Status						
Pelvis (Female Only)	April and the state of the stat		Cervix:		Vaginal Canal: PAP:	□N □R
Assessment: Problem #			Plan: Check box es apper Placement Constant HR: Food Handler S A Mark A Mark A Mark A Mark	tatus:	es Dyo	Heshallon
L-Wima,	m)		Laxins, po	C.		₩ 07 '
Distribution: Offender's Medical Record			Side 2 Printed on Recycled Paper		DO	C 0089 (Eff 9/2002) (Replaces DC 872)

## 

## Cffender Health Status Transfer Summary

Transferring Facility:	Offender information:	11/10
STATEVILLE NRC Center	Lest Name First Name MI	NGOBO
Date: 0 / 1	ime: 🗆 a.m. 🗆 p.m.	
ransfer Serephing (completed by transferring	adility health care craft):	
Allergies:	Food Handler Approved:	
Current / Acute Conditions / Problems:  Chronic Conditions / Problems:	hora Mina	
Current Medications (name, dosage, frequency	and duration):	
Acute Short-term:	U	
Chronic Long-term:	MADE PATIONOMIA	
Chronic Psychotropid. 140000	N 7092 1.0, 111) X 3/43/10	
Current Treatments:		
Therapeutic Diets:		
Follow-Up Care:		
Chronic Clinics		
acialty Referrals:		
Significant Medical History:	1. Henry Stology	
Physical Disabilities / Limitations:	Justin 2	
Assistiva Devices / Prosthetics:		
ntal Health Issues:  Hx Suicido Attem	☐ Glasses ☐ I	Dentures
4 C Use Only:   LAB   EKC	pt: Date:	ol Drugs
/0/	LI Fackel Co	andiene / 1
	Delle CNIT 6/1	957
Print Name and Title	Signature Children	907
Print Name and Title  Reception Screening (completed by receiving fac	, Ud	907
Reception Screening (completed by receiving fat Facility:	Sility health care starf);	G .m.
Reception Screening (completed by receiving fat Facility:  Subjective:	Slity health care starf):  Date: / Time:	957
Reception Screening (completed by receiving fat Facility:  Subjective:  Current Complaint:	Date: / Time:	G
Reception Screening (completed by receiving fat Facility:  Subjective:	Date: / Time:	G
Reception Screening (completed by receiving fast Facility: Subjective: Current Complaint:  urrent Medications/Treatment:	Date: / Time:  Assessment:	G
Reception Screening (completed by receiving fast Facility:  Subjective:  Current Complaint:	Date: / Time:  Assessment:  Plan: Disposition:	G
Reception Screening (completed by receiving fast Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior:	Plan: Disposition:  Health Information Given Sick Call: Urgent / Routine	G
Reception Screening (completed by receiving fat Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior:	Plan: Disposition:  Health Information Given  Sick Call: Urgent / Routine  Medication Evaluation  Therepeutic Diet   Special Housing   Plan: Disposition   Compared to the plant   Compared to the pla	a.m.
Reception Screening (completed by receiving fast Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Date: / Time:  Assessment:  Plan: Disposition:  Health Information Given	a.m. p.m.
Reception Screening (completed by receiving fat Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior: Deformities: Acute/Chronic:	Plan: Disposition:  Health Information Given  Sick Call: Urgent / Routine  Medication Evaluation  Work / Program Limitation  Specialty Referrals  Other (specify):	a.m. p.m.
Reception Screening (completed by receiving fast Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Plan: Disposition:  Health Information Given	a.m. p.m.
Reception Screening (completed by receiving fat Facility: Subjective: Current Complaint:	Date: / Time:  Assessment:  Plan: Disposition:  Health Information Given	a.m. p.m.
Reception Screening (completed by receiving fat Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Date:	a.m. p.m.
Reception Screening (completed by receiving fa: Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Dehavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Title  For adult transition center transfers only: I understand that medical and dential care are or an experience.	Date:	a.m. p.m.
Reception Screening (completed by receiving fa: Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Dehavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Title  For adult transition center transfers only: I understand that medical and denial care are only.	Date:	a.m. p.m.
Reception Screening (completed by receiving fa: Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Dehavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Title  For adult transition center transfers only: I understand that medical and denial care are only.	Date:	a.m. p.m.
Reception Screening (completed by receiving fa: Facility: Subjective: Current Complaint:  urrent Medications/Treatment:  Objective: Physical Appearance/Dehavior:  Deformities: Acute/Chronic:  T; P: R:  Printed Name and Title  For adult transition center transfers only: I understand that medical and dental care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it, I may be transferred back Into a factorial care are monay for it.	Date:	a.m. p.m.

#### Offender Outpatient Progress Notes

Stateville Correctional Center

	n F.	Stateville Correctional Cent	
<i></i>	poherti.	Offender Information:	
	1. DXDA	Buot Number First Name	MI ID#: NG 0 784
	Date/Time	Subjective, Objective, Assessment	Plans
	92/02/07	PA NOTE.	"motion from too,
	9701	Hoylo wm do sediosis	bus your pain x Ying
		now has pain in neck and	2 ptieducation/
_	145141	i middle part of his back.	Idasurana:
	72"	grust arrived here from NRC.	3, RTC pen
	136/94 BB	Pain has been going on for post	1424
r	101. PR	45 grs metry consistently:	Lajerna P
_		Was soon 2 days ago for.	Molule
		Physical exam and hast	9.
,		seeved motrin yet for	
		to ellep	
		D=gen=ml-	
		HL=ml:	
		CX = C-spine & lordosis evoled	
		total to pulp paraspinal nunsenlature	
		and + gine & prominance aim	
,		paraspind musculature tent to palo	
		ILLINOIS DEPARTMENT OF CORRECTIONS	
	Distribution: Offender's	Medical Record  - If Musculos Heleta Primed on Recycled Pager  2. Jeblists	DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

	Offender Information:		
Transferring Facility:		Panala	me MI ID#: NE0788
Stateville Correctional Center	Last Name	RONALD	me MI
Date: 1,2,0% Time:	1:30		
Transfer Screening (completed by transferring facility		Tana Japan.	
Allergies: NKA		Food Handler Approved:	
Current / Acute Conditions / Problems:		· · · · · · · · · · · · · · · · · · ·	
Chronic Conditions / Problems:	c Scolios	`\\$	
Current Medications (name, dosage, frequency, and	duration):		
Acute Short-term:			
Chronic Long-term:			
Chronic Psychetropic: Motorin L	100 mg po Tin		
Current Treatments:			
Therepoutic Diets: REC			
ollow-Up Care: R. AC			
Chronic Clinics: HIA RUK			
Specialty Referrals:			
Significant Medical History: HG C	migraines,	500110213	
Physical Disabilities / Limitations:			
Assistive Devices / Prosthetics:			☐ Glasses ☐ Dentures
Montal Health Issues:  Hx Suicide Attempt D	Date: / /	☐ Hx Psych Med ☐ Hx MPC / STC	Substance Abuse: Alcohol Drugs
R & C Use Only: LAB EKG	CXR Dental MED	S MH Other:	Packet Complete
Ko 6 roce	Mu	Dage	1,2,08
Print Name and Title		Signature	Date
Reception Screening (completed by receiving facility in	neefth care staff);		
Facility			a.m.
Facility:	A	Date: / /	Time: D.m.
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A51	sessment	
Current Medications/Treatment:			
Objective:	Pia	n: Disposition:	
Physical Appearance/Behavior:		Health Information Given	nergency Referral:
Deformities: Acute/Chronic:		☐ Medication Evaluation ☐ Therape ☐ Work / Program Limitation ☐ Specials	
The same of the sa		Infirmary Placement:	The state of the s
T: P: R:	_ B/P:/	Other (specify):	
Printed Name and Title			
		Signsture	Date
For adult transition center transfers only:			
For adult transition center transfers only: I understand that medical and dental care are my roto pay for it, I may be transferred back into a facility	esponsibility while I am housed in a within the Department that can pr	transition center. I also understand that	if I am in need of health care and I cannot afford
understand that medical and dental care are my n	within the Department that can pro-	transition center. I also understand that	if I am in need of health care and I cannot afford

Distribution: Offender's Medical Record; Transferring Facility;

DOC 0090 (Eff. 9/2002)

Transferring Facility:	Offender Information:	Konald		NEMORO
STA-NRC CENTER	Last Name	First N	ame Mi	N60788
Date: 1,28,08 Time:	De.m.			
Transfer Screening (completed by transferring facility)	nealth care staff):			
Allergies:	Food	Handler Approved:		
Current / Acute Conditions / Problems:				
Chronic Conditions / Problems:	ct / Sohosis			
Current Medications (name, accept, frequency, and o	uration): 1 PO N			
Acute Short-term: Moty in 400 mg	110110			
Chronic Long-term:			<del></del>	
Chronic Psychotropic:				
Current Treatments:				
Therepoutic Dieta:				
Follow-Up Care: The Co				
100				
	Olime			
Specialty Referrats:				
Significant Medical History				
Physical Dissbillties / Limitations:	Graines, Sobio.	212		
Assistive Devices / Prosthetics:	- <del> </del>		To a	
			Glasses	☐ Dentures
I wow was removed the suicide Attempt C	nto: / /	Tible Bound Mad . Title MDG / 63		
R & C Use Only:		Hx Psych Med Hx MPC / ST	C Substance Abuse: □Ak	cohol Drugs
R&C Use Only:   LAB   EKG	CXR Dental MEDS	Hx Psych Med Hx MPC / ST	C Substance Abuse: Ak	cohol Drugs Complete
R&C Use Only:   LAB   EKG		MH Other:	C Substance Abuse: Ak	conol Drugs Complete
R & C Use Only: D LAB D EKG D	CXR Dental MEDS		C Substance Abuse: Ak	cohol Drugs Complete
R&C Use Only: D LAB D EKG D	CXR Dental MEDS	MH Other:	C Substance Abuse: Ak	condi Drugs Complete  St. OS Date
R & C Use Only: DIAB DEKG DEFINE THE ENGINE	CXR Dental MEDS  Medith care staff):	Signeture	C Substance Abuse: Ak	conol Drugs Complete
R & C Use Only: D LAB EKG D Print Norte and Title  Reception Screening (completed by receiving facility in the control of the	CXR Dental MEDS  MEDS  Medith care staff):  Dat  Assesse	Signeture	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: D LAB EKG D Print Norte and Title  Reception Screening (completed by receiving facility in the control of the	CXR Dental MEDS  Medith care staff):	Signeture	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: D LAB EKG D Print Norte and Title  Reception Screening (completed by receiving facility in the control of the	CXR Dental MEDS  MEDS  Medith care staff):  Dat  Assesse	Signeture	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: D LAB EKG D  Print Number and Title  Reception Screening (completed by receiving facility in the second s	CXR Dental MEDS  MEDS  Medith care staff):  Dat  Assesse	Signeture	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: DAB DEKG DECEMBER OF THE Print Name and Tale  Reception Screening (completed by receiving facility)  Facility: Lab December of the Print Name and Tale  Reception Screening (completed by receiving facility)  Facility: Lab December of the Print Name and Tale  Current Medications/Treatment: Lab December of the Print Name and Tale  Current Medications/Treatment: Lab December of the Print Name and Tale	CXR Dental MEDS  Medith care staff):  Dat  Assess	Signature  Signature	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: D LAB EKG D  Print Number and Title  Reception Screening (completed by receiving facility in the second s	CXR Dental MEDS  Assess  Plan: C	Signature  Signature  Disposition:	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only:	CXR Dental MEDS  Final Dental MEDS  Plan: G	Signature  Signature  Signature  Disposition:	C Substance Abuse: Ak	cohol □ Drugs Complete  S 6 / OS Date
R & C Use Only: DAB DEKG DECEMBER OF THE Print Norte and Title  Reception Screening (completed by receiving facility to bjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:	CXR Dental MEDS  MEDS  Medith care staff):  Dat  Assess  Plan: G	Signeture  Signeture	Time:  Emergency Referral:	cohol Drugs Complete  8 / 08 Date  Dam  Dam
R & C Use Only:	CXR Dental MEDS  MEDS  Medith care staff):  Dat  Assesse  Pien: G	Signature	Emergency Referral:    Description   Content   Content	cohol Drugs Complete  8 / 08 Date  Dam  Dam
R & C Use Only: DAB DEKG DECEMBER OF THE Print Norte and Title  Reception Screening (completed by receiving facility to bjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:	CXR Dental MEDS  MEDS  MEDS  Pient G  Pient G	Signature  Signature	Emergency Referral:  pautic Diet   Speciel Housing lighty Referrals   Other (epocity);	cohol Drugs Complete  8 / 08 Date  Dam Dp.m.
R & C Use Only: DAB DEKG DECEMBER OF THE Print Narie and Tale  Reception Screening (completed by receiving facility) Facility: Lubjective: Current Medicetions/Treatment:  Current Medicetions/Treatment:  Deformities: Acute/Chronic:	CXR Dental MEDS  MEDS  MEDS  Pient G  Pient G	Signature	Emergency Referral:  pautic Diet   Speciel Housing lighty Referrals   Other (epocity);	cohol Drugs Complete  8 / 08 Date  Dam Dp.m.
R & C Use Only: DAB DEKG DECEMBER OF THE Print Narie and Tale  Reception Screening (completed by receiving facility) Facility: Lubjective: Current Medicetions/Treatment:  Current Medicetions/Treatment:  Deformities: Acute/Chronic:	CXR Dental MEDS  MEDS  MEDS  Pient G  Pient G	Signature  Signature	Emergency Referral:  pautic Diet   Speciel Housing lighty Referrals   Other (epocity);	cohol Drugs Complete  8 / 08 Date  Dam  Dam
R & C Use Only: DAB DEKG DECEMBER OF THE Print Narie and Tale  Reception Screening (completed by receiving facility) Facility: Lubjective: Current Medicetions/Treatment:  Current Medicetions/Treatment:  Deformities: Acute/Chronic:	CXR Dental MEDS  MEDS  MEDS  Pient G  Pient G	Signature  Signature	Emergency Referral:  pautic Diet   Speciel Housing lighty Referrals   Other (epocity);	Deta Drugs Complete  R / OR Deta  Deta  Chronic Caricos
R & C Use Only: DAB EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print All EKG	CXR Dental MEDS  MEDS  MEDS  Pient G  Pient G	Signature  Signature	Emergency Referral:  pautic Diet   Speciel Housing lighty Referrals   Other (epocity);	cohol Drugs Complete  8 / 08 Date  Dam Dp.m.
R & C Use Only: DAB EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print All EKG	CXR Dental MEDS  Plan: G  B/P:	Signature  Signature  Signature  Signature  Signature  Signature	Emergency Referral:    Description   Special Housing lighty Referrals   Other (epecify):	Date  Complete  R / OR  Date  Date  Chronic Carries
R & C Use Only: DAB EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print Norte and Title  Reception Screening (completed by receiving facility):  Lab EKG Print All EKG	Pien: C  B/P: / O	Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	Emergency Referral:    Description   Special Housing body Referrals   Other (specify);	Date  Complete  Complete
R & C Use Only: DAB DEKG DEKG Print Norte and Tale  Reception Screening (completed by receiving facility) Facility: Lubjective: Current Medicetione/Treatment:  Current Medicetione/Treatment:  Determities: Acute/Chronic: T: P: R:  Printed Name and Title  For adult transition center transfers only: Lunderstand that medical and dental care are my:	Plan: G  Pla	Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	Emergency Referral:    Packet	Date  Complete  R / OR  Date  Date  Chronic Carries

DOC 0090 (Eff. 9/2002)

Distribution: Offender's Medical Record; Transferring Facility;

#### Offender Outpatient Progress Notes

Menau	Con Center		
Offender Information:			
2 1	0 10		N60788
Surt	Ronald		ID#:
/ Last Name	First Name	Mi	

Date/Time	Subjective, Objective, Assessment	Plans
1-29.08	cmt note	P) Refer to mO/
7-7	arrived / transferred to	np - clast to
.	Menard Correctional Center	arine 1. 30.08
	their pm.	per Stateville
114/76	o) medical file not sent with	staff.
· +	patient. Health Status stown	00
988	Hap C+ ( High Rich Chronic	
	Clinic). Patrit relater a	
	history of scoliosic and with	
` <del></del>	that frequent back paw.	
	A) Zpc + + Scolionie	D. Sreves car
	0	
	·	
1		

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

## Offender Outpatient Progress Notes

_ new t	Center	
Offender Information:		
Burt	Ronald	N60788
Last Name	First Name	М

Date/Time	Subjective, Objective, Assessment	Plans
24103	Nº Note	P'Schedule E
31:000	S. Scheduled for transfer in	Or seinerman or
	evaluation. Up Hepct	9. Poilion you
	Of The was in process of being	evaluation for
	worked up you HOUT to no	Hepctx.
	biopsy or tx currently /m not	
	Seen.	K. Cruso, and
		K.Liciss cont
2/7/08	Moto	P. add to Gentlek
1100	S: Scheduled for gral Hepc	a (
	S/R was being worked appor	Explained to I/M
	Hertx. Has life sentence. Msi c/o Scoliosis	will monitore LF-Ts
Requestin	0: Labs - AST - 27 \ 10/67 ALT 37	q 4mo occ
100	ACT 37 "	Abtain old volums
	Viral load 2269500 I fram 3538850	for x lay lepost of back
100	407	
	A. Here	Motein 400 m potidos x30 dung
	SIR Seoliosis	~

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Asterring Facility:	Offender Information:	120	nalel		10#: NE 678
	12 US - 12 US		Fina Name	PM .	
Fransfer Screening (completed by transferring facility		ru. C bur	~		
Wergles:		and the artis of an arrived	1/31/67 4+4		
Current / Acute Conditions / Problems:	Fo	od Handler Approved:	HISTORIAFE		
Chronic Conditions / Problems: # / V					
Current Medications (name, dosage, frequency, and o	k resting!				
Acute Short-term:	oranos).	(*)			
Chronic Long-term:					
Chronic Psychotropic:		***************************************			
current Treatments: 6					
erapoutic Diets:					
ollow-Up Care:					
thronic Clinics: HCV					
pecialty Referrals:					
ignificant Medical History: HCW - free	Iment for here, HX 1	14 hip/len man	Hy ht whom	otherax	<del>,</del>
ignificant Medical History: HCW - free  14x Lt ac- so: 17 . 4x	Kt. Knee suggi, Hx	Aigrand - Scalin	31)		
hysical Disabilities / Limitations:					
sistive Devices / Prosthetics:				Glasses	☐ Dentures
ental Health Issues: Hx Suicide Attempt: D		☐ Hx Psych Med ☐ Hx M	PC/STC Substance	Abuse: [	3 Alcohol 3 Drugs
sistive Devices / Prosthetics:			PC/STC Substance	Abuse: [	3 Alcohol ☐ Drugs
sental Health Issues: Hx Suicide Attempt: D	CXR Dental D MEDS	MH DOther	PC/STC Substance	Abuse: [	Alcohol Drugs
iental Health Issues: Hx Suicide Attempt: D		MH DOther	PC/STC Substance	Abuse: [	Alcohol Drugs
rental Health Issues:	CKR Dental D MEDS		PC/STC Substance	Abuse: [	3 Alcohol ☐ Drugs
ental Health Issues:	CKR Dental MEDS	MH Other Signature	PC/STC Substance	Abuse: [	PAlcohol Pithugs sket Complete
ental Health Issues:	CKR Dental MEDS	Signature	PC/STC Substance	Abuse: [	Alcohol Ings
ental Health Issues:	CKR Dental MEDS	Signature	PC/STC Substance	Abuse: [	Date
ental Health Issues:	CKR Dental MEDS	Signature	PC/STC Substance	Abuse: [	Date
ental Health Issues:	CKR Dental MEDS	Signature	PC/STC Substance  O 9 Time:  LEAD WALL	Abuse: [	Date    Am.   P.m.
ental Health Issues:	CKR Dental MEDS	Signature	PC/STC Substance  O 9 Time:  LEAD WALL	Abuse: [	Date    Am.   p.m.
rental Health Issues:	CXR Dental MEDS  Miles or Medical Medi	Signature  Signature  Aute: 2 / 3 / Signature	PC/STC Substance  O 9 Time:  LEAD WALL	Abuse: [	Date    Am.   p.m.
rental Health Issues:	CXR Dental MEDS  Miles or Medical Medi	Signature  Signature  Alate: 2 / 3 / Signature	OS Time:  LEADING  DIRECT	Abuse: [ Per	Date    Am.   p.m.
Print Name and Title  Reception Screening (completed by receiving facility:  Light Screening (completed by r	CXR Dental MEDS  Miles and MEDS  Miles and Med S  Miles and Med S  Asserting the property of t	Signature  Signature  Signature  Disposition:  Health-Information Given	PC/STC Substance  O 9 Time:  LEAD WALL	Abuse: [ Per	Date    Am.   p.m.
rental Health Issues: Hx Suicide Attempt: D  8. C Use Only: Lab BRG BRG  Print Name and Title  Reception Screening (completed by receiving facility):  Facility: STA  Current Complaint: N < A S  Current Medications/Treatment:  Dijective: A	CXR Dental MEDS  Miles and MEDS  Miles and Med S  Miles and Med S  Asserting the property of t	Signature  Signature  Signature  Signature  Disposition:  Health-Information Given  Stock Call: Urgent / Routine  Medication Evaluation	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Alcohol Horugs  bleet Complete    J 4   6 7  Date    a.m.   p.m.
Print Name and Title  Reception Screening (completed by receiving facility:  John Medications/Treatment:  Disjective:  Physical Appearance/Behavior:  H Suicide Attempt: Dispersion of the Suic	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition:  Health Information Given Bick Call: Urgent / Routine  Medication Evaluation  Work / Program Limitation	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Chronic Clinic
rental Health Issues: Hx Suicide Attempt: D  8. C Use Only: Lab BRG BRG  Print Name and Title  Reception Screening (completed by receiving facility):  Facility: STA  Current Complaint: N < A S  Current Medications/Treatment:  Dijective: A	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Signature  Disposition:  Health-Information Given  Stock Call: Urgent / Routine  Medication Evaluation	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Chronic Clinic
rental Health Issues: Hx Suicide Attempt: D  8. C Use Only: Lab BRG BRG  Print Name and Title  Reception Screening (completed by receiving facility):  Facility: STA  Current Complaint: N < A S  Current Medications/Treatment:  Dijective: A	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition:  Health-Information Given  Stock Call: Urgent / Routine  Medication Evaluation  Mook / Program Limitation  Informary Placement:	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Chronic Clinic
rental Health Issues:	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition:  Health-Information Given  Stock Call: Urgent / Routine  Medication Evaluation  Mook / Program Limitation  Informary Placement:	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Chronic Clinic
Print Name and Tide  eception Screening (completed by receiving tacliny in the complete compl	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition: Health-Information Given Block Call: Urgent / Routine Mork / Propram Limitation Informary Placement: Other (specify):	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Acohol Strugs bleet Complete  124 169 Date  Carrolle Chronic Clinically:
Print Medications/Treatment:  Detormities: Acute/Chronic:  Printed Name and Title  Printed Name and Title  Printed Name and Title	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition:  Health-Information Given  Stock Call: Urgent / Routine  Medication Evaluation  Mook / Program Limitation  Informary Placement:	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Chronic Clinic
Printed Name and Title	CXR Dental D MEDS  Hiller T  eath care stath:  C  Hep C +  Test per  Preprosid Not  1  X3, Coupenary, Plan.	Signature  Signature  Signature  Disposition: Health-Information Given Block Call: Urgent / Routine Mork / Propram Limitation Informary Placement: Other (specify):	PC/STC Substance  O 9 Time:  LEA-) is As-  D 1 LEA-  Emergency Reference  Therapeutic Diet	Abuse: Par	Alcohol Horugs bleet Complete    J 4   6 7   Date    a.m.   p.m.
Print Name and Title  Reception Screening (completed by receiving facility:  Journal Medications/Treatment:  Disjective:  Physical Appearance/Behavior:  AMRULTEAY  Deformities: Acute/Chronic:  AMRULTEAY  Deformities: Acute/Chronic:	CXR Dental MEDS  Miles To Med Seath care start):  C	Signature  Signature  Signature  Disposition: Health-Information Given Bick Call: Urgent / Routine Medication Evaluation Mork / Program Limitation Informaty Placement: Other (specify):  Signifure	PC/STC Substance  O 9 Time:  LEAD WALL  D WELL  Emergency Refer  Therapeutic Diet  Specialty Referrals  Heap C	Abuse: Part Part Part Part Part Part Part Part	SAlcohol Strugs  Stret Complete  124, 67  Date  Cam  Date  Chronic Clinic  Typ:  Date
Print Medications/Treatment:  Deformities: Acute/Chronic:  Print Name and Title  Print Neme and Title	CXR Dental MEDS  Miles To Med Seath care start):  C	Signature  Signature  Signature  Disposition: Health-Information Given Bick Call: Urgent / Routine Medication Evaluation Mork / Program Limitation Informaty Placement: Other (specify):  Signifure	PC/STC Substance  O 9 Time:  LEAD WALL  D WELL  Emergency Refer  Therapeutic Diet  Specialty Referrals  Heap C	Abuse: Part Part Part Part Part Part Part Part	Alcohol Athugs  Citet Complete  124

## Offender Outpatient Progress Notes Center

Offender Information:

BUXT
Ronald
ID#: 10#: 10#: 10#:

	Date/Time	Subjective, Objective, Assessment	Plans
	spon	PA MOTE	1. Joher to chronic
		A sent pote stating He has	the med cline
	1	Her, and basn't received	Solution
		tolow up, and didn't get	ane
		denture Som menard	) AUD P
ما		letore phyment	
		A = 1. fer Equiled +x.	
		inprote 0	
	5/13/9	S: Buch pala after a fall	PI. moerie 400 800
5	10135A	02 0x3 RAD	76 pm #6.
		PERR LAGuar	2.7- Splue )
		Back to bony deformer	3 in 2x today.
		No Grule. slight rea	on back
-		Rom guarded	
		wede row fall	
		gale steady ENSincare	from po
1		A Bade injury	are are

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

#### Offender Injury Report

200	
Offender Name: Burt. Ronald	ID#: N607 & &
Age: 42 Date of Birth: 1-17-67	Sex: M Race: White
Date of Injury: 5-13-09 Time of Injury: 9:45	⊠am □pm Location:
How did the injury occur? T	the floor it was a puddle
	eck & back
of water I make my my	Neck & Dacil
Was it witnessed by staff? No Yes (#ye=, please list	cnames)
>	
Location in facility:	Type of Injury:
☐ LTA (gym, basketball, football, etc.)	Sports
Group (therapy)	☐ Assault
☐ Housing Unit (cell, dayroom, tv room, etc.)	☐ Job Related
School (classroom, library)	☐ Non-job Related
☐ Kitchen	Self-inflicted
Other	_ Fight
Mea.	
& Thomson	CMT 5-13-09
Signature	Title Day

(Medical Report on Reverse Side)

-201

Distribution Offender Medical File

Printed on his ortal Paper

DOC 9313 (EH 07/2006) (Rentace DCA2111-1 VI)

## 

Offender Name Burt, Ronald	ID#: N 60788
Date of medical examination: 5-13-09 Time: 9145 Ya	
S (Subjective Findings): Shipped on Floor injure	
O (Objective Findings): Pt's AXOX3 pt seem to	o have elforgalty walking
Vitals: T 97.8 P 92 R 18  Back No deforming No Onice Neck Rom full:	
(A) Grain	
A (Evaluation of Injury): Paraful Lov Back las	n' Neck
P(Treatment and Follow-up): Sent to ER for Med wheelcher mouth good only ~ 1  X ray 7 Sph	I pan
Disposition of patient:  ☐ Return to assignment ☐ Off-site referral for treatment (Destination)	☐ Infirmary ☐ Segregation
Print Name of Person Completing Form	Signature
Tille	Date
To Be Completed By Ph	ysician
I have reviewed this report and would like to see this offender:	mediately Next Sick Call PRN
L TPJUG ZHANG CLID Physician's	Signature S/13/9
Sid 2	
Distribution Offender Medical File Procedure Reculed Paper	DOC 0313 (Eff 07/2006) (Replaces DC 5*111-151)

## 

A	E 704  Stateville NRC  FOR X-RAY TECH ONLY
	STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS
	X - RAY REPORT
	Stateville NRC $7/8/9$
7	Inmate's Name: Burt, Royald Number: 160788 Date: \$14
	Reason for X-Ray: T-Spine
	fall.  Dr. Zhang
	Ordering Physician
(	Findings:
	FOR CORRECTIONAL CENTER HEALTH CARE UNIT PERSONNEL ONLY
	I have reviewed the recommendations contained in this report.  Date: 7 20 0 3ignature and Title
	IL 426 - 18393 DCA 42066

#### Offender Outpatient Progress Notes

Offender Information:

Center

		Burt	- Ponald	N 6078
		Last Name	First Name	M
Date/Time	1.	Subjective, Objective, Ass	essment	Plans
11/14/09	RNO/SC Y	reschedulid	due to	call up to us
	bevel 1	rexporm.		11/17/69
	· Closlip a	nd fall		2 dronic dinie
		<u> </u>		referral faculmitted
				Hay Rio & ma fac
	,			93100
11-17-09	PANOT	A	-	1:
11.11/1.	2 4	tates the fell	out of the	" Check 2 medical
115 8300	top bur	de on 11/1	,	Seconds status
16 HR	hurt (i		had fractured	
12°20 pm	- 300-100	at 17 0/3 18	U	2 pteducution
	states H	re discompo	It is gone.	3. motron floring
	0=gen=	un, unal	<u> </u>	= 06-8° #30 x lm/0
	#10-	RSD, p(m);	lung are	4. A. Balm
-	lymp	h= will a	ud=wnl	\$10/TID plus
2	Heant		hust wall - plant	fina both
Distribution: Offender's		MO 10 Side Prince	polip: slight deforms	6 TULN 11 1270 DOC 0084 (Eft. 9/2002 70 PTL P + July 10 12747)

,	
Transferring Facility: Offenday int	formation:
Stateville Correctional Center	Last Name   First Name   Mil
2 22 1	Last region 7 TH
Date: Time:	
Transfer Screening (completed by transferring facility health care staff):	
Allergies:	Food Hendler Approved:
Current / Acute Conditions / Problems:	
Chronic Conditions / Problems:	
Current Medications (name, dosage, frequency, and duration):	
Acute Short-term:	
Chronic Long-term:	
Chronic Psychosopic:	
Current Treatments:	
Therepoutic Diets:	
Follow-Up Care:	
Chronic Clinics:	
Specialty Referrals:	
Specially Reterrant:	
Significant Medical History:	
Physical Disabilities / Limitations:	
Assistive Devices / Prosthetics;	
Montal Health Issues:   Hx Suipide Attempt: Date:	Glasses Dentures
R&C Nee Only:)   LAB   EKG   CXR   D	ental
de Barat 1 al	1 Boat was 2 min
Print Name and Title	Signature Signature
Reception Screening (completed by receiving facility (greath care staff):	Colores Constitution Constituti
	0 40 /A
Facility: Menard Cor Centre	Date: 2 , 23 , 10 Time: Upper 415 Dam
Subjective: Current Complaint: ####################################	Assessment slable
apine cur	water.
Current Medications/Treatment	St procedure undertral
	St. PRN
Objective:	
Physical Appearance/Behavior: <u>AXOX3</u>	Plan: Disposition:  ———————————————————————————————————
	Sick Call: Urgent Routine
Defending Audu Dhouder	☐ Medication Evaluation ☐ Therapsutic Diet ☐ Special Housing ☐ Chronic Clinics
Deformities: Acute/Chronic:	□ Work / Program Limitation □ Specialty Referrals □ Other (specify);
T: 98 P: 74 R: 14 B/P: 128	Infirmary Placement:
	AC PRN
Janet Braun Cut	ant Braucht 21231 10
201191 101011NV 1001	
Printed Name and Title	
Printed Name and Title	/ Signature Deta
Printed Name and Title  For adult transition contex transfers only:	
Printed Name and Title  For adult transition contex transfers only:  I understand that medical and dental care are my reasonability while	a i am housed in a transition center. I elso understand that if I am in need of health core and I cannot afford
Printed Name and Title  For adult transition contex transfers only:  I understand that medical and dental care are my reasonability while	le I am housed in a transition center. I also understand that if I am in need of health care and I cannot afford intraent that can provide my medical, mental health, or dental needs.
Printed Name and Title  For adult transition center transfers only:  [ understand that medical and dental care are my reappneintly while	a i am housed in a transition center. I else understand that if I am in need of health core and I served afford

DOC 0090 (Eff. 9/2002)

Distribution: Offender's Medical Record; Transferring Facility;

## 

## ILLINOIS DEPARTMENT OF CORRECTIONS Offender Health Status Transfer Summary

	Offender Information:				
Transferring Facility:	_	* *	Ronald		ID#: NUO788
Menard CC center	Burt Name		First Name	MI	10#: NUIC 100
TV CENTER CENTER	Cast teams				
Date: 2/18/11 Time:_	12:30	Dem. Dp.m.			a a s
Fransfer Screening (completed by transferring facility h	ealth care staff):	Counseling Offered (only	transfers to ATC, parole, relea	se or discharge)	
	Daily Colo Mariy	Food Handler Appro	. 40		=
Allergies:	•	, 000		V	
Chronic Conditions / Problems:			• •		
Current Medications (name, dosage, frequency, and d	brason).		wa "		
7.00.00 0.10.1, 10.11.1		4			
Chronic Long-term:					
Chronic Psychotropic:				,	
Current Treatments:	·				
Therapeutic Diets:		:			
nerapeduc Diets.					
Now-Up Care: RHC					
			<del></del>		
inic Clinics: ### HCV Cli	NIC	• • • • • • • • • • • • • • • • • • • •			·
				•	
Specialty Referrals:		· · ·			
Significant Medical History: HCV(+)	scoliosis, @H	nee reconstr	urtive surgery	1997 (L)	pneumo-
therax 85			0 0	,	-
Physical Disabilities / Limitations:					<del></del>
				<u> </u>	
Assistive Devices / Prosthetics:				_ Glasses	Dentures Down
Assistive Devices / Prosthetics:   Mental Health Issues:   Hx Suicide Attempt: C	Date: / /	Hx Psych N	led Hx MPC/STC Su	ibstance Abuse:	☐ Alcohol ☐ Drugs
Additional Transfer of the Control o	oate: / /	☐ Hx Psych M			☐ Alcohol ☐ Drugs
Mental Health Issues: Hx Suicide Attempt D	Date: / /		Foliopy, Asset Suiz.	ubstance Abuse: [	Alcohol Drugs
Mental Health Issues: Hx Suicide Attempt D	oate: / / COXELECTO DE LA LA ESTA	McGh	e CNIT	ubstance Abuse: [	☐ Alcohol ☐ Drugs
Mental Health Issues: Hx Suicide Attempt: D	oate: / / COXIA GAICE Dental (FEZ)	McGh	Foliopy, Asset Suiz.	ubstance Abuse: [	Alcohol Drugs
Mental Health Issues: Hx Suicide Attempt: DRACEUS&Only, HAR DRACEUS COUT  H. McChee CVUT  Print Name and Title	Cora Mare Sentan Elek	McGh	e CNIT	ubstance Abuse: [	Alcohol Drugs
H. Nucchel CVUT  Print Name and Title  Reception Screening (completed by receiving facility)	Cora Mare Sentan Elek	McGh	e CNIT	ubstance Abuse: [	Alcohol Drugs
H. McChel Chut  Print Name and Title  Reception Screening (completed by receiving facility)  Facility:  STATCULLE	Cora Mare Sentan Elek	dWcGh	e CNIT Ignature	abstance Abuse: Pa	Alcohol Drugs
H. Nucchee Cutt  Print Name and Title  Facility:  STATCULLE	Cora Mare Sentan Elek	OMCGh	e CNIT	abstance Abuse: Pa	Alcohol Drugs
Hental Health Issues: Hx Suicide Attempt: C  H. McChel Chut  Print Name and Title  Reception Screening (completed by receiving facility)  Facility: STATCULLE	Cora Mare Sentan Elek	OMCGh	e CNIT Ignature	abstance Abuse: Pa	Alcohol Drugs
H. Nucchee Cutt  Print Name and Title  Facility:  STATCULLE	Cora Mare Sentan Elek	OMCGh	e CNIT Ignature	abstance Abuse: Pa	Alcohol Drugs
Hental Health Issues: Hx Suicide Attempt: ERECULES ONLY  H. McChee CVUT  Print Name and Title  Reception Screening (completed by receiving facility in a complete in the compl	Cora Mare Sentan Elek	OMCGh	e CNIT Ignature	abstance Abuse: Pa	Alcohol Drugs
Hental Health Issues: Hx Suicide Attempt D  TT ICHS Only  H. W. Chee CWT  Print Name and Title  Reception Screening (completed by receiving facility isctive:  Jurrent Complaint: Current Medications/Treatment:	Cora Mare Sentan Erek	Date:	e CNIT Ignature	abstance Abuse: Pa	Alcohol Drugs
Mental Health Issues: Hx Suicide Attempt: ERECULISE ONLY  H. McChee CWT  Print Name and Title  Reception Screening (completed by receiving facility in incident in incident in	Cora Mare Sentan Erek	Date:	e CNIT ignature  1,22 III en Saves, cl. puin	abstance Abuse: Pa	Alcohol Drugs
Hental Health Issues: Hx Suicide Attempt: Example Courter Courter Courter Courter Completed by receiving facility in increase Courter Complaint: Current Medications/Treatment:	nealth care staff);	Date:  Assessment:  Plan: Disposition:  Health Informa Sick Call: Urg	ignature  1,22 11  12	Time:  LS way	Alcohol Drugs   Drugs
Mental Health Issues: Hx Suicide Attempt: CRECIUS CONF.  H. Nuc Chel CVUT Print Name and Title  Reception Screening (completed by receiving facility in incident)  Facility: STATCVI LLC incident: Current Medications/Treatment: Current Medications/Treatment Medications	nealth care staff);	Date:  Assessment:  Plan: Disposition:  Health Informa Sick Call: Urg	gneture  1,22   11  200 Stylen   Emerger   Eme	Time:  LS Vey  ancy Referral:  Special House	Alcohol Drugs  Alcoho
Mental Health Issues: Hx Suicide Attempt: ERECULISE ONLY  H. McChee CWT  Print Name and Title  Reception Screening (completed by receiving facility in incident in incident in	nealth care staff);	Date: Assessment:  Plan: Disposition:  Health Informat Sick Call: Urg Medication Ev	gneture    22   11     20   12     20   13     20   14     20   15	Time:  LS Vey  ancy Referral:  Special House	Alcohol Drugs   Drugs   Drugs
Hental Health Issues: Hx Suicide Attempt: DR CONCE CUUT  Print Name and Title  Reception Screening (completed by receiving facility in incidents)  Facility: STATCVI LLC incidents  Current Medications/Treatment: Curren	nealth care staff);	Date:	gneture    22   11     20   12     20   13     20   14     20   15	Time:  LS Wan  ancy Referral:  Diet   Special Hoterrals   Other (special representations)	Alcohol Drugs   Drugs   Drugs
Mental Health Issues: Hx Suicide Attempt: CR2/USA/USA/USA/USA/USA/USA/USA/USA/USA/USA	mealth care staff): C · C	Date:	ion Gixen   Emerge en (/ Routine)   Therapeutic In Ilmitation   Specially Reference.	Time:  LS Wan  ancy Referral:  Diet   Special Hoterrals   Other (special representations)	Alcohol Drugs  Alcoho
Hental Health Issues: Hx Suicide Attempt: DR CONCE CUUT  Print Name and Title  Reception Screening (completed by receiving facility in incidents)  Facility: STATCVI LLC incidents  Current Medications/Treatment: Curren	mealth care staff): C · C	Date:	ion Gixen   Emerge en (/ Routine)   Therapeutic In Ilmitation   Specially Reference.	Time:  LS Wan  ancy Referral:  Diet   Special Hoterrals   Other (special representations)	Alcohol Drugs  Alcoho
Hental Health Issues: Hx Suicide Attempt: E  RECEIUS ONLY  Print Name and Title  Reception Screening (completed by receiving facility is ective:  urrent Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:  Objective:  Physical Appearance/Behavior:  T: 47 P: 46 R: 66   My Amult Jene C	mealth care staff): C · C	Date:  Assessment:  Pian: Disposition:  Health Informa Sick Call: Urg Mork / Progra Infirmary Place HIV Test & Co	ignature    22   11     22   11     23   11     24   25     25   26     26   27     27   27     28   27     29   27     20   2	Time:  LS Wan  ancy Referral:  Diet   Special Hoterrals   Other (special representations)	Alcohol Drugs  Alcoho
Hental Health Issues: Hx Suicide Attempt D  The Chel Chut Print Name and Title  Reception Screening (completed by receiving facility iective: Lurrent Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Current Medications/Treatment:  Children Appearance/Behavior:  Children Ap	mealth care staff): C · C	Date:	ignature    22   11     22   11     23   11     24   25     25   26     26   27     27   27     28   27     29   27     20   2	Time:  LS Wan  ancy Referral:  Diet   Special Hoterrals   Other (special representations)	Alcohol Drugs  Alcoho
Hental Health Issues: Hx Suicide Attempt: E  H. McChel Chut Print Name and Title  Reception Screening (completed by receiving facility iective: Jurrent Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior: Clan Defortprities: Acute/Chronic: T: 4 P: 4 R: 6  Printed Name and Title	mealth care staff):  C · C  Well  Byp: 130,190	Date:	ion Gixen   Emerge en (/ Routine)   Therapeutic Inseling Offered (only transfers	Time:  LS wan  ancy Referral:  Oiet   Special Hoterrals   Other (special from R&C)	Alcohol   Drugs     Alco
Hental Health Issues: Hx Suicide Attempt D  Thick Soft Was State  H. W. Chee Chut  Print Name and Title  Reception Screening (completed by receiving facility is ective:  Jurrent Complaint: Current Medications/Treatment:  Current Medications/Treatment: Current Medications/Treatment Medications/Trea	mealth care staff); C · C  Well  B/P: 1901 90	Date:  Assessment:  Pian: Disposition:  Health Informa Sick Call: Urg Mork / Progra Infirmary Place HIV Test & Col Other (specify):  Sign	gnature    22         20       20         20         20         20         20         20	Time:  LS way  ancy Referral:  oriel   Special Houerrals   Other (special from R&C)  am in need of health	Alcohol   Drugs     Alco
Mental Health Issues: Hx Suicide Attempt: CRECIDISCONIAN Print Name and Title  H. MCCAPE CULT Print Name and Title  Reception Screening (completed by receiving facility in incident in	mealth care staff); C · C  Well  B/P: 1901 90	Date:  Assessment:  Pian: Disposition:  Health Informa Sick Call: Urg Mork / Progra Infirmary Place HIV Test & Col Other (specify):  Sign	gnature    22         20       20         20         20         20         20         20	Time:  LS way  ancy Referral:  oriel   Special Houerrals   Other (special from R&C)  am in need of health	Alcohol Drugs Alcohol Drugs  Alcohol
Mental Health Issues: Hx Suicide Attempt: DR CONCERCY  H. Nucchel CVUT  Print Name and Title  Reception Screening (completed by receiving facility).  Facility: STATCVI LLC  iective:  urrent Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:  Physical Appearance/Behavior:  T: GTSP: R: G  Printed Name and Title  For Adult Transition Center transfers only:	mealth care staff); C · C  Well  B/P: 1901 90	Date:  Assessment:  Pian: Disposition:  Health Informa Sick Call: Urg Mork / Progra Infirmary Place HIV Test & Col Other (specify):  Sign	gnature    22         20       20         20         20         20         20         20	Time:  LS way  ancy Referral:  oriel   Special Houerrals   Other (special from R&C)  am in need of health	Alcohol Drugs Alcohol Drugs  / L8 / LL  Date

B-808

#### Offender Outpatient Progress Notes

#### Stateville Correctional Center

Offender Information:

	Date/Time	Subjective, Objective, Assessment	Plans
	8-16-11	Cmi Note.	P) a mose solution
	Marlan	SIM	m 8-24-11
لے		O) Courselor brings gravience	
		about inmeter scoliosis and	
		exercises given causing more	
		p-i~	Shul
		PA NOTE Alantal my I have calculated defice	any aread lens
	08/24/11	DA NOTE Alental pup I have calculate	
	1015 Am	44 ylo som on masc E.	mollin tong -
$\langle \   \   \   \   \   \   \   \   \   \ $	3.8-118/18	do pain all the time 20 to	or 11 98° pm #30
	6-18/m b-98/m	the sepliosis), "I want it	x3mb
		fixed" the been logis now.	Z. A-Balm to AA
		0=apn=met, nad ampeter fine	. sopro pro.ximp
		fl-ml-	3 least to AA up
			1

Distribution: Offender's Medical Record

Transferring Facility:	Offender Information:	Ronald	1541 N	2078
STA-NRC Center	Last Name	First Name	MI 10#./	<i>DU 10</i>
Date: 1,24,12 Tim	e: 1.'DD	n Do.m.		-
Fransfer Screening (completed by transferring fac			release or discharge)	
Allergies: NKA	Foo	c Handler Approved: 485		
Current / Acute Conditions / Problems:	Λ.			
Chronic Conditions / Problems: HCD  Current Medications (name, dosage, frequency, a	nd duration).			
				-
Chronic Long-term: Motro n 46	DOM9 T-17 680			
Chronic Psychotropic:	, J. U			
Current Treatments:				
Therapeutic Diets:				
Follow-Up Care:				
Chronic Clinics: HEP C				
Specialty Referrals:				
Significant Medical History: (R) Kner	e reconstructive	Surgery 1997	@ pneumoth	orax
Physical Disabilities / Limitations:		<u> </u>		
A			Glasses De	ntures
Assistive Devices / Prosthetics:	ot Date	Hx Psych Med Hx MPC / STC	Substance Abuse: Alcohol	ntures D.ugs
Assistive Devices / Prosthetics:	ot Date / 1924	Hx Psych Med  Hx MPC / STC		
Assistive Dévices / Prosthetics:  Mental Health Issues: Maria Health Iss	ot Date 1 1984 St. Dup H. Y	Thx Psych Med Hx MPC / STC		
Mental Health Issues: MA Hx Suicide Attempt Heidi Moss RU	Sup H. Y	MOSORU Aug Signature	Substance Abuse: Sacohol  Substance Abuse: Sacohol  Defe	12 12
Mental Health Issues: With Suicide Attempted Moss RU Print Name and Title	Diff H. Y	MOSORU Aug		12 12
Mental Health Issues: Med Hx Suicide Atterns  Heid Moss Ru  Print Name and Title  Reception Screening (completed by receiving fact Facility: Subjective:	DIP H. Y	MOSORU Aug Signature	Substance Abuse: Sacohol  Substance Abuse: Sacohol  Defe	12 12
Mental Health Issues:	Dup H. M.  Illy healn care staff):  Di  Asset	MOSORU Aug	Substance Abuse: Sacohol  Substance Abuse: Sacohol  Defe	12 Dam
Mental Health Issues: Me Hx Suicide Atterns  Heid Moss Ru  Print Name and Title  Reception Screening (completed by receiving fact Facility: Subjective:	Dup H. M.  Illy healn care staff):  Di  Asset	MOSORU Aug	Substance Abuse: Sacohol  Substance Abuse: Sacohol  Defe	12 Dam
Mental Health Issues:	Dup H. M.  Illy healn care staff):  Di  Asset	MOSORU Aug	Substance Abuse: Sacohol  Substance Abuse: Sacohol  Defe	12 Dam
Mental Health Issues:	Dily healn care staff):  Di Asse:	Mossignature  Mossignature  Signature  Jisposition:	Substance Abuse: Second Constant Desire Desire	12 Dam
Mental Health Issues:	Diffy healn care staff):  Diffy healn care staff):  Plan:	Mossignature  Mossignature  Signature  Jisposition:	Substance Abuse: Salcohol  Defe  Time:  ergency Referral:	D
Mental Health Issues:	Diffy healn care staff):  Diffy healn care staff):  Plan:	MOSO RU Augusture  ate:	Substance Abuse: Second Defe Defe Defe Defe Defe Defe Defe Def	D
Mental Health Issues:	Plan:	Mossignature  Mealth Information Given Sick Call: Urgent / Routine Medication Evaluation Motication Evaluation Motification Evaluation Specialty Infirmary Placement:	Substance Abuse: Scohol  Date  Time:  ergency Referral:  Litic Diet   Special Housing   Care   Referrals   Other (specify):	D
Hental Health Issues: M2 Hx Suicide Atterm Heild Moss Rup Print Name and Title Reception Screening (completed by receiving fac Facility: Subjective: Current Complaint: Current Medications/Treatment Objective: Physical Appearance/Behavior:	Plan:	MOSS RULL  Signature  Ate:	Substance Abuse: Scohol  Date  Time:  ergency Referral:  Litic Diet   Special Housing   Care   Referrals   Other (specify):	D
Mental Health Issues:	Plan:	Mossignature  Mealth Information Given Sick Call: Urgent / Routine Medication Evaluation Mork / Program Limitation   Specialty Infirmary Placement: HIV Test & Counseling Offered (only tran	Substance Abuse: Scohol  Date  Time:  ergency Referral:  Litic Diet   Special Housing   Care   Referrals   Other (specify):	D
Herital Health Issues: Meta Suicide Attempt Herital Moss Ru Print Name and Title  Reception Screening (completed by receiving fact Facility: Subjective: Current Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Plan:	Mossignature  Mealth Information Given Sick Call: Urgent / Routine Medication Evaluation Mork / Program Limitation   Specialty Infirmary Placement: HIV Test & Counseling Offered (only tran	Substance Abuse: Scohol  Date  Time:  ergency Referral:  Litic Diet   Special Housing   Care   Referrals   Other (specify):	D
Mental Health Issues: M2 Hx Suicide Attempt  Health Moss Rup Print Name and Title  Reception Screening (completed by receiving factoristics) Facility: Subjective: Current Complaint: Current Medications/Treatment  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Plan:	MOSSIgnature  Medication:  Medication Eveluation  Modication Eveluat	Substance Abuse: Scohol  Defe  Time:  ergency Referral:  atic Diet   Special Housing   Care   Care    Referrals   Other (specify):    sfers from R&C)	D
Mental Health Issues:	Plan:	MOSS RULL  Signature  Disposition:  Health information Given Sick Call: Urgent / Routine  Medication Evaluation   Therapet Work / Program Limitation   Specialty Infirmary Placement:  HIV Test & Counseling Offered (only tran Other (specify):  Signature	Substance Abuse: Scohol  Defe  Time:  ergency Referral:  atic Diet   Special Housing   Care    Referrals   Other (specify):  sfers from R&C)  Date	D. Jgs  D. Jgs
Mental Health Issues:	Plan:	MOSS RULL  Signature  Disposition:  Health information Given Sick Call: Urgent / Routine  Medication Evaluation   Therapet Work / Program Limitation   Specialty Infirmary Placement:  HIV Test & Counseling Offered (only tran Other (specify):  Signature	Substance Abuse: Scohol  Defe  Time:	Dam.

#### Offender Medical History

		State	eville Correctional	Center			
Reception History	200-1-1-1-1-						
Periodic History	Offender Info	manon	:	$\sim$	1 (		* N6078
2110	Bu	wt		Kong	ald	10	#: 1000 180
Date: 3/1/2		Last Na		First Name	0	MI	
1, (-1)			African American				an Other
Time:	Gender: 🥕	Male	☐ Female	Date of	Birth:	0//	11107
Subjective:			ry / History of Preser		THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	0	
Condition	Yes	No.	Family History	Explanation (1) http://discourt		Koch.	
Smoking		V			0 14"		
Pediculosis		1		-			
Seizures Astivna		V		<del>                                     </del>			
Cardiac/HTN		V					
Diabetic		V			)	11.	
Communicable Disease a. Hepatitis/Jaundice	<b>E</b>		HEPC+ Sin	Le 1999, 17	TOR DOW	hald-I	CAU TX.
b. Hx + PPD/Active TB c. STD		popp	0-11-11-11	_ , , ,	1		
d. HIV +/AIDS			100	har. 1	00		
Surgeries Hx of Psych Tx			kner (5) .dl	of lung	01		
a. Past Suicide Attempt		doo	last opports	gyrs age	0		
b. Current Suicidal Ideation Recent Drug/ETOH use				+			
Mobility Problems		7					
a. Assistive Devices b. Prosthetics		1					
c. Specialized Equipment Other Medications	15		11BU for	In cole I to	1012 100	10	
History of Sexual Abuse or Predator		<b>—</b>	TION -IW	house 1 de	W.1- 1		
Oriented x3							
Other:	- 1		Spt ral 8	Poling	ic		
			8 by 1000		, ,		
Objective: T. P. Behavioral appearance and mental status			gular R:n; RT 20/				
Assessment: MEDI ®			Diag: (Chao	k and complete as a	opropriete\		
Massassifieric.				cal Examination:		☐ Urgent	Routine
Incarcorated x 20	1100			i Health Referral:		☐ Urgent	Routine
Theatenand x 20	.70		3. Health	Information Given:		☐ Yes	Refused
Chearic allegic it	thing		4. PPD F 5. Chest	Results: X-ray performed:		☐ Positive☐ Yes	☐ Negative
Fasting thy pengly com	19,		8. Other:				
Date PPD Administered: / / Dat	te PPD Read:				- 1	1/h	
Reading:mm By:			Print	Merga Name of Interviewer	n RN	4/11/	Organ Ry Signatura
			R & C Use Only	,			•
LAB:	Sickle Ce	il: Ye	s 🗌 No Dental:			Panorex:	
EKG: C	XR:		Femal	e Only: PAP:		Mamo:	
Distribution: Offender's Medical Record							DOC 0092 (Eff. 9/2002)

Transferring Facility:  S T A - N R C Center	Ronald 10#Nld788
Date: 4 / 10 / 2 Time: // 40	Name First Name MI
Transfer Screening (completed by transferring facility health care staff):	Test & Courselling Offered (only transfers to ATC, parole, release or discharge)
Allergies: NRA	Food Handler Approved:
Current / Acute Conditions / Problems:	
Chronic Conditions / Problems: DED CH UND	nic urticaria
Current Medications (name, dosage, frequency, and duration):	
Acute Short-term:	
Chronic Long-term: Lubridem of on T	tube per month
Chronic Psychotropic:	
Current Treatments:	
Therapeutic Diets:	
Follow-Up Care:	
Chronic Clinics: PCC	
Specialty Referrals:	
Significant Medical History: (E) KNEE TYCONSHOUL	tion 1997, Scotiosis, Opneymothorax 851
Physical Disabilities / Limitations:	
Assistive Devices / Prosthetics:	Mc.
Mental Health Issues: DXHx Suicide Attempt: Date: / /	Glasses Dentures  Hx MPC / STC Substance Abuse: PAlcohol Drugs
SERVICE OF STREET STREET, STRE	Substance Abdase. 12 Homor P Drugs
110:1: M. 0110 0 11	11 M
Heidi Moss RN Sup &	1 Mossessup 4/16/12
	1 Moss Rusup 4,16,12  Signature 4,16,12
Reception Screening (completed by receiving facility health care staff):	11 Date
Reception Screening (completed by receiving facility health care staff): Facility:	Date: 4,77,12 Time: 10-45 Dam.
Reception Screening (completed by receiving facility health care staff):	Date: 4,77,12 Time: 10-45 Dam.
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Complaint:	Date: 4,77,12 Time: 6-45 g.a.m. Assessment:
Reception Screening (completed by receiving facility health care staff): Facility: Subjective:	Date: 4,77,12 Time: 10-45 Dam.
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Complaint:	Date: 4,77,12 Time: 10-45 Dam.
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Complaint:	Date: 4,7,12 Time: 6.45 p.m. Assessment Date Date:  Date: 4,7,12 Time: 6.45 p.m.  Assessment Date:  Date: 4,7,12 Time: 6.45 p.m.
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment  And	Date: 4, 7, 12 Time: 0.45 a.m.  Assessment: 9, m.  Assessment: 9, m.  Alox 3 gat steady  3, place on Hepotation (1)  Plan: Disposition:  But Health Information Given   Emergency Referral:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Medications/Treatment:  Objective:	Date: J, J Time: O- J a.m.  Assessment: Date of teach  A J N L A  Plan: Disposition:  Phealth Information Given
Reception Screening (completed by receiving facility health care staff): Facility: Subjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:	Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective:  Current Medications/Treatment:  Objective:	Date: J / / / Time: O - U 5 a.m.  Assessment: Date: Da
Reception Screening (completed by receiving facility health care staff): Facility: Subjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:	Date:  Date:  Date:  Time:  Date:  Time:  Date:  Assessment:  Assessment:  Date:  Assessment:  Date:  Date:
Reception Screening (completed by receiving facility health care staff):  Facility: Subjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Date:
Reception Screening (completed by receiving facility health care staff):  Facility: Subjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Date:  Date:  Date:  Time:  Date:  Time:  Date:  Assessment:  Assessment:  Date:  Assessment:  Date:  Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. 182 P: TH R: 8 B/P: TH P. TH	Date:  Date:  Date:  Time:  Date:  Time:  Date:  Assessment:  Assessment:  Date:  Assessment:  Date:  Date:
Reception Screening (completed by receiving facility health care staff):  Facility: Subjective: Current Complaint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:	Date:  Date:  Time:  Date:  Time:  Date:  Time:  Date:  Assessment:  Date:  Assessment:  Date:  Date
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. T. P. T. H. R. B. B/P: 10 116  Printed Name and Title  For Adult Transition Center transfers only:	Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. 182 P: TU R: B B/P: TU / Tipe  Printed Name and Title  For Adult Transition Center transfers only:  Lunderstand that medical and dental care are my responsibility while Lam bo	Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. T. P. T. H. R. B. B/P: 10 116  Printed Name and Title  For Adult Transition Center transfers only:	Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. P. T. R. B. B/P: 10 / 16  Printed Name and Title  For Adult Transition Center transfers only: I understand that medical and dental care are my responsibility while I am ho to pay for it, I may be transferred back into a facility within the Department that	Date:
Reception Screening (completed by receiving facility health care staff):  Facility:  Subjective: Current Complaint:  Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T. 182 P: TU R: B B/P: TU / Tipe  Printed Name and Title  For Adult Transition Center transfers only:  Lunderstand that medical and dental care are my responsibility while Lam bo	Date:

#### Offender Outpatient Progress Notes

MENARD

Offender Information:

Burt Ronald E 104: N 60788

Last Name First Name Mt

		<u> </u>
Date/Time	Subjective, Objective, Assessment	Plans
11 3 12	MD MOTES	
10. K A/m	Fr for continuation of Motion	X ray of Lands
	analysis for alleged back pair 2 mg	Secrel Spine.
•	D'Scolvosio and Lubo dam lotini	Lula derm lotin
	for alleged Chromic allergie unticons	T tube month x 6 months
. •	No endera of recent Xray of spring	F-14 3 1500 100
	to show I colosis of spine. Pt howeve	Motion 400mg po to
	has thep C and is on Conservative	Flu for re-assessment
		in 3 weeks
-		S NWAOBASI, MD
		the she
	-	7/1/1/10:40
11/7/12	My Mitter	WII JU
10:35 Am	Recent X ray of 40 Spone Shows no	DC Xvzy of LLS
	endera of Scoloris	Stori Le.
	0	S. NWAOBASI. MD
·		frakting.

'stribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

	Offender Outpatient Progress Notes	
	Menara Coss Cente	r
	Offender Information:  Burt Rouald  Last Name First Name	6. IDH: N60788
Date/Time	Subjective, Objective, Assessment	Plans
12/1/12	MD WOTES	
[0.15 A/m		X-rzy g Cemica
14516 BP 12018	2 11/03/12	Spine PA
P 80	U. Hx of Comical Spine pain	Lateral!
P 16 T 98.0°		Matrin 600 mg pro
	recent xrays of Camical Spains	
	to assess the defree of Scolosio	× 2 months:
	No clinical hx g parashess	Fly 2 mords
	A: Possible Defenerative Osteratul	S. NWAOBASI, MD
	of Canical Spring ? Decliosing	and man and
	et storne	Moted at 10! 30 AM
P/5/10	X-RAY TECH. NOTE	
94	Cervical spine	Bhyperthir
12/5/12	LAB NOTE	,
	CLANCAL COMMENT	
918/A	made	

entbution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)



OneRadiology Normal, IL 61761 Date: December 6, 2012

Patient: Burt, Ronald ID#: N60788 DOB: 1/17/67

Ordered by: Dr. Nwaobasi Menard Correctional Center

CERVICAL SPINE THREE VIEWS 12/5/2012

HISTORY: Chronic pain.

FINDINGS: There is narrowing of the disc at C4-C5 level suggestive of degenerative process.

The precervical soft tissues are not thickened and there is no gross evidence of an acute regional bony fracture or dislocation.

The trachea is midline.

Signed

N. Yousuf, M.D.

NY:eg

DIC: 12/6/2012

Films from Menard Correctional Center

M D Review

Date

Doctor

Pull Charl

See Patien

File

m

OneRadiology Normal, IL 61761 Date: December 6, 2012

Patient: Burt, Ronald ID#: N60788 DOB: 1/17/67

Ordered by: Dr. Nwaobasi Menard Correctional Center

CERVICAL SPINE THREE VIEWS 12/5/2012

HISTORY: Chronic pain.

FINDINGS: There is narrowing of the disc at C4-C5 level suggestive of degenerative process.

The precervical soft tissues are not thickened and there is no gross evidence of an acute regional bony fracture or dislocation.

The trachea is midline.

Signed\_

N. Yousuf, M.D.

NY:eg

DIC: 12/6/2012

Films from Menard Correctional Center

M.D. Review

Date\_ Doctor

Pull Chart

See Patier

File

	ILLINOIS DEPARTMEN	T OF CORRECTIONS	
12	Offender Health Statu		
Transferring Facility:	Offender Information:	0 00	111100
Manual Center	Last Name	First Name	10#N60788
Date: 6 / 8 / 13 Time:	12	1. 🗆 p.m.	MI
Transfer Screening (completed by transferring facility Alleroies: N K D A		ting Offered (only transfers to ATC, parole, red Handler Approved:	
Allergies: NCDA  Current / Acute Conditions / Problems:	Poo	d Handler Approved: 1-8-13	
Chronic Conditions / Problems:	n +		
Current Medications (name, dosage, frequency and			
Acute Short-term:	we down.		
Chronic Long-term:			
Chronic Psychotropic:			
Current Treatments: U			
Current reatments.			
Therapeutic Diets:			
Follow-Up Care:			
thronic Clinics: 1 Lep. C CC			
Specialty Referrals:			
Significant Medical History: Acalesa	L) presenthan	185 (Chan re con	hustrar 197
Physical Disabilities / Limitations:			
1			
Assistive Devices / Prosthetics:	Date: 1 1	Filth Down Med Filth MDC (CTC)	Glasses Dentures
R & C Use Only: 2 LAB E EKG C		☐ Hx Psych Med ☐ Hx MPC / STC	
	Made LPS - Balance Bar Tarrechel		
The second secon			
Print Name and Title	Dan	Signature	6 18 1/3 Dette
			6 18 1/3 Dette
Reception Screening (completed by receiving facility	(feath care staff):	Signature / C	6 18 1/3 Dets
Reception Screening (completed by receiving facility:	(Medith care staff);	Signature ate: U, (Z, 3)	6 18 1/3 Deta  Time: □ a.m. □ p.m.
Reception Screening (completed by receiving facility:  Subjective:	(Medith care staff);	Signature / C	Time: 🖸 p.m.
Reception Screening (completed by receiving facility:	(Medith care staff);	Signature ate: U, (Z, 3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Reception Screening (completed by receiving facility  Facility:  Subjective:	(Medith care staff);	Signature ate: U, (Z, 3)	Time: 🖸 p.m.
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:	(Medith care staff);	Signature ate: U, (Z, 3)	Time: 🗓 p.m.
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:	Visatith care staff):  Di  Asses	Signature  ate: U (Z, 3)  sement: N O Pl	Time: 🖸 p.m.
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:	Asses	Signature  Signature  Atte: U ( Z , 3 )  Signature  O V ( U O U )  Disposition:	Time: I p.m.
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:	Asses	Signature  Signature  Atte: U / (Z / 3)  Signature  O V W O U O U  Disposition:	Time: 🖸 p.m.
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:	Asses	Signature  ate:	pency Referral:
Reception Screening (completed by receiving facility  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:	Asses	Signature  Signature  Atte:	pency Referral:
Reception Screening (completed by receiving facility:  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:	Pian:	Signature  ate:	gency Referral:  Det   Special Housing   Chronic Clinics oferrals   Other (specify): Hellution
Reception Screening (completed by receiving facility Facility: Subjective: Current Complaint: Current Medications/Treatment: Physical Appearance/Behavior: Deformities: Acute/Chronic:	Ptan:	Signature  Signature  Atte:	gency Referral:  Det   Special Housing   Chronic Clinics oferrals   Other (specify): Hellution
Reception Screening (completed by receiving facility:  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Ptan:	Signature  Signature  Ster.	gency Referral:  Det   Special Housing   Chronic Clinics oferrals   Other (specify): Hellution
Reception Screening (completed by receiving facility:  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:	Ptan:	Signature  Signature  Ster.	gency Referral:  Det   Special Housing   Chronic Clinics oferrals   Other (specify): Hellution
Reception Screening (completed by receiving facility:  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Rite	Pian:	Signature  Signature  Ate: (	gency Referral:  Det   Special Housing   Chronic Clinics oferrals   Other (specify): Hellution
Reception Screening (completed by receiving facility  Facility:	Pian:  B/P:    Walton   Carp staff):	Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	pency Referral:  Det Special Housing Chronic Clinics aferrals Other (specify):  Other R&C)  Date
Reception Screening (completed by receiving facility:  Facility:  Subjective:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior:  T: P: R:  Printed Name and Rite	Ptan:  B/P:    Wassesth care staff);	Signature  Signature  Ate:	gency Referral:  Diet   Special Housing   Chronic Clinics afform R&C)  Special Housing   Chronic Clinics afform R&C)
Reception Screening (completed by receiving facility Facility: Subjective: Current Compleint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Title  For Adult Transition Center transfers only:  Lunderstand that medical and dental care are my	Ptan:  B/P:    Wassesth care staff);	Signature  Signature  Ate:	gency Referral:  Det   Special Housing   Chronic Clinics ferrals   Other (specify):   Hefful A
Reception Screening (completed by receiving facility Facility: Subjective: Current Compleint: Current Medications/Treatment:  Objective: Physical Appearance/Behavior:  Deformities: Acute/Chronic:  T: P: R:  Printed Name and Title  For Adult Transition Center transfers only:  Lunderstand that medical and dental care are my	Pian:  B/P:  Tesponsibility while I am housed in a trity within the Department that can provi	Signature  Signature  Ate:	gency Referral:  Diet   Special Housing   Chronic Clinics afform R&C)  Special Housing   Chronic Clinics afform R&C)

Transferring Facility:	Offender Information:		20 nald	ID#: N6078
MRC Center	Last Name		First Name N	41
Date: 6 / 26 / 13 Time:		_ □ a.m. □ p.m.		
Transfer Screening (completed by transferring facility	health care staff):	Counseling Offered (only transfers		ge)
Allergies: NFUH	~	Food Handler Approved:	134-13	
Current / Acute Conditions / Problems:	<i>b</i>			
Chronic Conditions / Problems:	Hep C+			
Current Medications (name, dosage, frequency, and	duration):			
Acute Short-term:				
Chronic Long-term:				
Chronic Psychotropic:				
Current Treatments:				
Therapeutic Dieta:				
Follow-Up Care:				
Pronic Clinics:				
Specialty Reterrals:				
Significant Medical History: SColos	is, L) prestell	and 45 1R) K	ee re-constr	chen 17
Physical Disabilities / Limitations:	/			
Assistive Devices / Prosthetics:			☐ Glasse	es Dentures Hearing Aid
Mental Health Issues:  Hx Suicide Attempt:	Date://	Hx Psych Med  H	MPC/STC Substance Ab	use: Malcohol Drugs
R & C Use Only: LAB EKG	CXR: Dental: D	MEDS   MH   Other		Packet Complete
Bononing	12~	(JRO)	).	6,28,17
Print Name and Title		Signature		Date
Reception Screening (completed by receiving facility	health care staff):	11 51	, 2	O a.m.
Facility:		Date: 0000C	7 Time:	Sem.
Subjective:	horizan	Assessment:	+ LANIA	a tody ?
Current Complaint: Y		1000 en	entien	Calmond
Current Medications/Treatment:	206	5K 1	& muse	syintact
	700	- Diens	teady ga	
Obj N		Diam Diamakan	1.0	
Objective:  Physical Appearance/Behavior:	I nourished	Plan: Disposition:  Health Information Given		
appropriate so	havra	Sick Call: Urgent / Foutin		
	0 #	Medication Evaluation		cial Housing
Deformities: Acute/Chronic:		☐ Work / Program Limitation ☐ Infirmary Placement:	Specialty Referrals Oth	er (specify):
T: 18 P: 18	B/P: 10/10/0	Other (specify):		
70		W		
		(1)		1000
HORA		Molne	mo 1	10,06,13
Printed Name and Title		Signature		Oate
For Adult Transition Center transfers only:		ad a a bassables seeks to t		Sambana and Caraca Article
I understand that medical and dental care are my				nearth care and I cannot afford
to pay for it. I may be transferred back into a facili	ty within the Department that t	an provide my medical, memarine	aliti, or bentar needs.	
o pay for it. I may be transferred back into a facili		Cale		□ a.m. □ p.m.

Instribution: Offender's Medical Pecord; Transferring Facility;

POC 0030 (Rev.11:2012)

Bo	I IMONO	DEPART	DIENT (	ne Co	RRECT	RMOT

# Offender Outpatient Progress Notes Offender Information: Last Name Piret Name MI DIFF 0 788

Date/Time	Subjective, Objective, Assessment	Plans
7-17-13	NP NOTE	P) Heferal to
850 AM	5) F/u 12/1 BACK Pain"	Mr Shearing
100/10	0) xray regulte - discussed	you lubri derm
P 68	Chronic back pain	regrest.
R 16	Strought by soiour 5 diff	@ Motrin 400 mg
98#	Bends well @ warst	i PaTIO PEN
	% of skin rash -	x4 mos.
	No rach sun 1/11/13 -	
	A) Chenne back Pain myse	CLOSNHAUER RIND CRNNPC
		1/1/3,
		90 Not
2/04/12	Ru rute	P) Recall /
220	576	
Par	Oi on mod Buch pain	
	y	Shoot Re .
		5,000
	A) MOCL	

Distribution: Offender's Medical Record

Printed on Recycled Pape

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

## 

*	Offender Outpatient Progress Notes  Cente	r
•	Offender Information:  Bust Rould  Last Name First Name	ID#: N60788
Date/Time	Subjective, Objective, Assessment	Plans
8/1/13	uno acto	
(pm	S. The har for Els of	
	low bal pour sum (8805.	*
	Not selfus assess	
1	0. TES 4 M8 M1 BP981	(s 6145
	Azir3 NAS	
	into 56 NOR82 SURO	pundenta for
	A Chamber book son	Julinden
	5 mm l us	Coda Many
		or ordered -
		Oh m
<u></u>	11M	P
	100	
217	AN MAR:	Date:
9-13-17	S: Scheduled For Court Writ  O: No Asparent Medical Procedures Pending	22200
640	A: Envicioally Stokle PW 30	esignation of
	P: Proseed With Writ	
Distribution: Offender	's Medical Record	DOC 0084 (Eff. 9/200 (Replace) DC 7147

Trease's Servening (conspiced by invalidancy fieldly heath our exist):   NY Text & Consessing Others (only invalidance for proteiners)	Fransferring Facility:	Offender Information:	ROUGLA	N 60 788
Production   Problems:	Date:	Galle E	/~	3
Production   Problems:	ranafer Screening (completed by transferring facility	health care staff):   HIV Test & Counseling	Offered (only transfers to ATC, parole, rele	sse or discharge)
Chronic Conditions / Problems:	V. 1/A			
Current Medications are sissan, insurancy, and sursion):  Acus Short-term:  Chronic Deptemptic:  Chronic Pycharotic:  Chronic Pycharotic:  Chronic Pycharotic:  Chronic Pycharotic:  Chronic Clinics:  Speciatry Referrals:  Speciatry Referrals:  Speciatry Referrals:  Speciatry Referrals:  Chronic Speciatry Referrals:  Speciatry Referrals:  Speciatry Referrals:  Chronic Speciatry Referrals:  Speciatry Referrals:  Chronic Speciatry Referrals:  Speciatry Referrals:  Chronic Speciatry Referrals:  Speciatry Referrals:  Speciatry Referrals:  Chronic Speciatry Referrals:  Speciatry Refer			Danie a bld Late	26.0
Current Medications (name, occope, incouncy, and ounsion):  Acus Short-term: Chronic Distax:  Chronic Distax:  Chronic Distax:  Chronic Distax:  Chronic Distax:  Chronic Clinics:  Specialty Referrals:  Significant Medical History:  Chronic Clinics:  Specialty Referrals:  Significant Medical History:  Chronic Clinics:  Specialty Referrals:  Significant Medical History:  Chronic Clinics:		C (+ HYO MUDOCY OTO	DONIA JUST HOLK DE	( Mg C)
Acus Short-term Chronic Long-term Chronic Clong-term Chronic Clong-term Chronic Psychotropic:    Current Treatments:		duration):		•
Chronic Psychotropic:    Continue   Chronic Clinics:   Continue	<b>\</b>			
Chronic Psychotropic:    Continue   Chronic Clinics:   Continue	Chronic Long-term:			
Proposed Dieta:				
Proposed Dieta:	Current Treatments:	1.		
Specialty Referrals:	- X	0	10 10	
Specialty Referrals:    Significant Medical History:   CO/IDS/S;   De KNCL   MCX STRUCTIVE Stry   Description   De	Therapeutic Dieta:			
Significant Medical History   CO(IDS)   CV   MCC   MCCX STRUCTIVE Stry   Praumothytal Significant Medical History   CO(IDS)   CV   MCCX STRUCTIVE Stry   Praumothytal Significant Medical History   CO(IDS)   CV   MCCX STRUCTIVE Stry   Praumothytal Significant Medical History   CO(IDS)   CV   MCCX STRUCTIVE Stry   Praumothytal Significant Medical History   CV   MCCX STRUCTIVE Stry   Praumothytal Significant Medical History   CV   MCCX STRUCTIVE Stry   MCCX STRUCTIVE STRUCTIVE Stry   MCCX STRUCTIVE ST	7547			
Significant Medical History:	follow-Up Care:		Ţ.	
Significant Medical History:	Chronic Clinics: hen C			
Physical Disabilities / Limitations:  Assistive Devices / Prosthetica:  Assistive Devices / Prosthetica:  Assistive Devices / Prosthetica:    Comment   Comm	· U			
Physical Disabilities / Limitations:	Specialty Referrals:			
Assistive Devices / Prosthetics:	Significant Medical History: SCOM	osis; Reknoe N	constructive Suy	. It praimotherax &
Assistive Devices / Prosthetics:    Mental Health Issues   Giasses   Dentures   Hearing Alcomental Health Issues   Giasses   Dentures   Hearing Alcomental Health Issues   Giasses   Destate   Desta	Physical Disabilities / Limitations:		1	
Assessment Detect No.		1= =//		☐ Glasses ☐ Dentures ☐ Hearing Ald
Reception Screening (completed by receiving facility health cure staff):    Packet Complete   Packet C	Assistive Devices / Prosthetics:	1984	THE BOOK MAD THE MPC / STC S	
Reception Screening (completed by receiving facility health care staff):  Facility:  Facility:  Current Complaint:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior/Bull a pass of the completed by the co	Mental Health Issues: HX Suicide Attempt			
Subjective:  Current Medications/Treatment:  Objective:  Physical Appearance/Behavior/Well and Appear of Information Given  Deformities: Acute/Chronic:  T: 10.29: 12 R: 49 3/P: 10 170   Other (specify):  Provided Name and Title  Provided Name and	Print Name and Title			10, ( , 13 Date
Subjective:  Current Medications/Treatment:  Dijective:  Physical Appearance/Behavior/Well and Appearan	Reception Screening (completed by receiving facili	ty health case staff):	11 00 13	51AA Bam.
Current Medications/Treatment:    Dijective:	Facility: Menoral Or			Time: 0;00 Sca.m.
Objective:  Physical appearance/Behavior/		Assess	ment Plant & Asiente	A. Resp, welshare
Objective:  Physical appearance/Behavior/Ill and part of the physical appearance/Behavior/Ill and physical appearance/Behavior/Ill and	Current Complaint:		even no co	and polin or duson
Objective:  Physical appearance/Behavior/IIII	Ourset Medications/Treatment:		accid by winate	, ,
Objective: Physical popearance/Behavior	Cult and Ivia de Carte Ivia		<u> </u>	
Objective:  Physical popearance/Behavior			Na IM	
Medication Evaluation   Therapeutic Diet   Special Housing   Chief Clinic Deformaties: Acute/Chronic:   Work / Program Limitation   Specialry Referrate   Other (specify):	Objective:	// // /-	10 TH STOCK TO STOCK TO THE CONTROL OF STOCK TO	gency Referral:
Medicasion Evaluation   Therapeutic Diet   Special Mousing   Work / Program Limitation   Specially Referrals   Other (specify):	Physical Appearance/benavior	to ensuers to as	ick Call: Urgent / Fouting	1
Deformatities: Acute/Chronic:    Infirmary Placement:   Other (specify):	que ations			
T: \$6.00: 12 R:   6 B/P:   10   10   Other (speaky):    Markha M. Oaklet Cest Wartha M. Oaklet Cut   13   13    Printed Name and Title   Signaffre   Oate   14   15    For Adult Transition Center transfers only:   1 understand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot affect to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.	Deformities: Acute/Chronic:			
Martha M. Oaklet Cett Wartha M. Oaklet Cett Wartha M. Oaklet Cett Date  For Adult Transition Center transfers only:  ! uncerstand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot affer to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.	-012 - 72 0 1/2	770 777 0	•	
Printed Name and Title  For Adult Transition Center transfers only:  ! uncerstand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot affer to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.	1: 10,00			
Printed Name and Title  For Adult Transition Center transfers only:  ! uncerstand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot affer to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.			0	
! uncerstand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot also to pay for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.	Martha M. Oakl	Cut Martha M	Cokley CNA Signappre	10 102 13
! understand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and i camor and control an	A July Transition Contactorangines and	V.		
			ansition center. I also understand that if	I am in need of health care and I cannot affo needs.
Date Time	to pay for it, I may be transferred back into a fa	only want the Department that san pro-		
⊘i, anders σigitable	CHALL CI	nature	Pate	
	Ottenders Sig	I I I I I I I I I I I I I I I I I I I		
	Streution: Offender's Medical Pecord; Frans	ners are an enterprised to the transfer of the contract of the		

Transferring Facility:	Offender Information:		Konald		10#: <u>1760788</u>
Center Center	Last Nam	ne	First Name	MI	
Date: 9 / 13 / 13 Time:		Da.m p.m.			
Transfer Screening (completed by transferring facility)	eath care staff): D HIV Test	& Counseling Offered ( Food Handler Ap	only transfers to ATC, parcle, n	elease or discharge)	
Altergios: / Louise Conditions / Problems:	and the second s	FOOD PARKING AP	proved.		
Chronic Canditions / Problems:					grammana i i i i i i i i i i i i i i i i i i
Current Medications (rame, dosage frequency and	uration):				
Acute Short-term:	to a substitute that the substitute of the subst				Mark Control of the C
Chronic Long-term: Chronic Psychotropic:	Marie Control		and the Control of the same and		
Current Treatments:	And the second section of the second section is the second section of the second section of the second section is the second section of the s				
Therapoutic Dieta: Slawav	programme and the second secon				
Follow-Up Care:	an industrial to the Managher I de Managher I restricted and the Managher of t	anagarien en agar geografia de catagore e distant			
Chronic Clinics: HCP C	KUC +x 9A	opped BH	thrombocyfo	pina 2	to KVRY
Properietty Referrels:				<u> </u>	1
Andres	1 O barn	hormst	1011 tare 511	MIC. A	
Significant Madical History: 201021	2 / DIFIKE	ו ביוניטעוץ	icilline our	rgury 1 (c	2
Physical Disabilities / Limitations:					
Assistive Devices / Prosthetics:	~			Glasses	☐ Dentures
Mental Health leaves:	ato: 1489	☐ Hx Psych	Med   Hx MPC / STC 8		/- /
\$ Clies Only:   LAB   EKG	CXR   Dental	MEDS D MH	□ Other:	D Pá	atest Complete
Poteglin K-	R	Stepe	Strature		1/3/13
Reception Screening (completes by receiving facility in	estr care stuff);	9	1,18,13	la	Pn Dem
Facility: STATE (LUE			110 119	Time:	Opm
Subjective:  Current Complaint: SEE AGCVE		Assessment:	Anten -	<i></i>	The second secon
Current Medications/Treatment: & CUL	INT MOS		LINIES LESION	1)	
	W-9_11.00		PHA		
Objective:	V gallening and an array of the second graduation of the	Plan: Disposition:			
Physical Appearance/Behavior: ATOX	3		tion Given Emerge	ency Referral:	
Company of the second s		Sick Cell: Urg		Det 🔲 Special Hou	ang Chrone Cines
Deformities: Acute/Chronic:	unantetti ai iller yatavati, ili aliai arantetta, ja	☐ Work / Progra	m Limitation Specially Refe	errais   Other (spec	
198.6 p. 77 R. 16	BP 130, 91	☐ infirmary Place ☐ HIV Test & Cox	ment: unsaling Offered (only transfers	from R&C)	
		Other (specify)			
	1		1 /	0	11- 10
POSSES Name and The			en le	4	16,13
For Adult Transition Center transfers only:		//			
I understand that medical and dental core are my m	sponsibility while I am house	ed in a trapsition genter	. I also understand that if I a	m in read of health o	are and I cannot afford
to pay for it, I may be transferred back into a facility	within the Department that of	an provide my roedice!	, mental health, or dental nee	IGS.	
Offender's Signatur	h		Date	Ime	D.m D.p.m
Distribution: Offender's Medical Record; Transferring	g Facility;			DO	C 0090 (Rev. 1/2006)

#### Offender Outpatient Progress Notes

MENARD CORRECTIONAL

Offender Information:

Center

	BURY KOI	Pirst Nerve MI ID#: WG0788
Date/Time	Subjective, Objective, Assessment	Plans
11/26/13	Nurse/CMT Tx Protocol: BACK PAIN	
850/ANY	Cont. DACK PAIN	Abnormal vital signs, temp greater Than 100 R.C. Nertex
	Rate the pain (1-10) Cause of pain?	Loss of sensation or numbness, Foot drop Difficulty ambulating
	Was the pain immediate or delayed? immediate  PRIOLN+  For how long? ON GOINA	Severe pain, or accompanied by Abdominal pain  Dark or bloody urine
	Location and pattern (radiation) what worsens / eliminates? CONSTANT NECK-RACIOLS to CBP. DURNING	No improvement after 48 hour trail of Treatment protocol
	Color of urine: UNC Frequency? WALL Any pain on urination?	When no MD referral:  Note: The property of th
	How severe (wake you up at night, elevated with cough)? WAKES YOU AT NIGHT. Range of motion? NO -	Meals X 3 days. Or Acetaminophen 325 mg., up to 3 tabs TID PRN for up to 3 days
	Fever, chills, night sweats, dysuria: NC Increase in pain with cough? NC	Avoid sporting activities until pain has been gone for at least two weeks  Bed rest if necessary for up to 48 hrs PRN
	Are you taking any medications?	Begin gentle strengthening exercises as early as possible and observe proper lifting techniques. (provide exercise packet) No lifting X 5 days,
0)		Patient Teaching:
	T97.4 P76 R 20 BP 120/80	If injury could have been prevented, instruct on safety measures Proper body mechanics
	Limitation with inevenment? NO "DOCSD'T LINCE ROTAIN NOW CAN MOVE & PAIN. Gait disturbance? DOCALON IN DICK TAMP	Avoid weight lifting, strenuous activity (Sports restriction)
	Gait disturbance: DODDING ID DIPS CAMB Any change from sitting to standing?	MCCA  Recommend moist heat, e.g. warm shower when available.
	Swelling, redness, bruises, tenderness to touch. limitation to movement?	- Allow 48 hours of trial with simple analgesic. Return to sick call if symptoms persist or worsen.
	Distress or pain with movement PAIN & WRITING ARTWORK-STATIONAY	1 \$2.00-Go-Pay recaived 15.00 - UL D
	A) BACK PAIN	Gittambu FN

DOC 0084 (Eff 9/2002 (Replaces DC 7147)

Distribution: Offender's Medical Record

#### Authorization for Release of Offender Medical Health Information

This Authorization may not be used for mental health or substance abuse treatment information (use form DOC 0240)

The Department of Corrections will not condition treatment on this authorization. If authorizing disclosure to persons or organizations that are not health plans, covered health care providers or health care clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information. However, genetic testing or HIV/AIDS information disclosed pursuant to this authorization may not be further disclosed except pursuant to authorization.

	indirection discussed p	sides it to an additional interpretation into			
	I hereby authorize	Menard Correctional Cente	Was a second and a second a second and a second a second and a second		owing information: (State
	specific medical health informatical copy of it a	ation to be disclosed including date(s) or d 150 + diagnosi results.	ate range) in Ned 1) in R. Ca	Idwell ordered new X ?	ay 11/30/13 In germa
	I need all rece	ords on my Neck for	2011 (Dont Reman	we the attes) In	eed all of their
	Form Zoiz to	o including 11/02/	12-11/03/12.	-12/01/12 00	order no X-10
	and 12/05/12	L day X-RAY congli	eted, Inreda	copy of the y-	thy & I need a
	copy of x to	y results which I	was months trad	y date done on	12/05/124211
	I need CON OF X	-RAYAX-ray results Firm	Orvisits 4 90	ust have 12/05/1	3 artenume from 1/13
	At Request of Offe		Teal to Person	ma / records to	because Poutrain
	from the records of N60	0788 Burt, Ro			
		ID#	Print Off	ender's Name	
	to: Self  Aut	horized Attorney   Health C	are Facility   Other:		
	Name: Rev	nold But	# N-60	<i>288</i>	
		90. Box 1008	-MCC.		
	Address:	enond.	Street Address	100 /27	759
	Pres	City		State	Zip Code
	may occur as a result of permitted to the author medical information inc	old harmless, the State of Illinois, of the disclosure or dissemination ized attorney, health care facility, cluding HIV disease information. I iving written notice (witnessed by	of the records or informa other as specified, or sell understand that I have the	ition contained therein resulf. Records disclosed may one right to revoke this authors.	ontain confidential orization at any time
	Expiration: This author	orization will expire (complete on	e):	DEC	0 5 2013
	■ 45 days from	date of signature			ard CC
		urrence of the following event (m	ust relate to the individual		ithcare ation):
		are not or the rollowing or the first			_
	Signature:	But			Nov 30, 2013
	Signature of Offende	er or Person Authorized to Consent	Rela	tionship	' Date '
×	mailed or		py if DOC made the requ	est for release.	
	Distribution: Offender's Med	dical File			DOC 0241 (Rev. 01/2005)
			Printed on Recycled Paper		

## Offender Outpatient Progress Notes Cents

<b>@</b> :	Center				
	Offender Information:  Put Ronald  Last Name First Name	HD#: 100 788			
Date/Time	Subjective, Objective, Assessment	Pians			
113013	3) Paded = 5 40 back pain from	Dox-Ruy Morack			
1:15	old Motoreyde accidents	and Compan.			
whish	Accordent was 1988	3 Mohor Toly bal * 90 kg			
Blocky	O Vitato stalle R. Om good	2) Monag Rong			
8 24	butwish pum.	laercy			
R /10	A Ar Howh				
Jang 1.2		Colculus )			
11/30/13	RN Note: GAEV Letter Written	noted in			
920 pm	5) I have requested medical records	P) Emailed Medical			
	to be copied no response. I have	Records Anita Rodgers			
	requested to be given new HEPC	in mate request for			
	IX again never called again: Iwas	medical records Emailed			
	supposed to be seen automatically	Myonic clinic nuise			
-	for my chronic spinal pain and spinal	re HyCTX. I'm seen bu			
	problem this hasn't huppened.	medical practitioner			
	OIA) Letter Response	on 1/30/13			
Distribution: Offende	er's Medical Record	DOC 0084 (Eff. 9/2002			
	Prinsed on Recycled Paper	(Replaces DC 7147)			

Offender Outpatient Progress Notes							
	Center						
	Offender Information:						
N)	Wit Konals	ID#: N60788					
	Lasi Name First Name	mi					
Date/Time	Subjective, Objective, Assessment	Plans					
12/4/13	Xrus note						
10 A	dowal + lumbar Spine						
	done	Blupper RTh					
		//					
	Lab Note						
12-4-13	HCV 1-14 PE 1-14						
\$18A	RCoh	ell					
12/19/13	RN Note-Grievance						
625	5) "I was charged a \$5.00 copay	P) I'm responsable					
•	for sick call. Thave Chronic	for NSC\$5.00 Copay					
	neck pain and it should not be	whees seen for kepc.					
	charged.	1/m scheduled for					
	OLD Grievanu Rusponse	F/W of 11/30/13 doctor					
	,	visit to review xnay					
		and assessmen					
		script for MOBIL.					
Distribution: Offende	r's Medical Record	DOC 0084 (Eff. 9/2002					
	Printed on Recycled Paper	(Replaces DC 7147)					

OneRadiology Normal, IL 61761 Date: December 6, 2013

Patient: Burt, Ronald 1D#: N60788 DOB: 1/17/67 Ordered by: Matticks Menard Correctional Center

THORACIC SPINE THREE VIEWS

12/4/2013

LUMBAR SPINE THREE VIEWS 12/4/2013

HISTORY: Chronic pain.

FINDINGS: Three views of the thoracic spine demonstrate no compression fracture or

subluxation.

Three views of the lumbar spine demonstrate minor degree of degenerative change at L5-S1 level.

There is no compression fracture or subluxation.

There is no spondylolysis or spondylolisthesis.

Signed

Yousuf, M.D.

NY:eg

DIC: 12/6/2013

Films from Menard Correctional Center

Date\_\_

Doctor

Pull Chart

See Patient

File\_

12-11-13

OneRadiology Normal, IL 61761 Date: December 6, 2013

Patient: Burt, Ronald ID#: N60788 DOB: 1/17/67 Ordered by: Matticks Menard Correctional Center

THORACIC SPINE THREE VIEWS

12/4/2013

LUMBAR SPINE THREE VIEWS 12/4/2013

HISTORY: Chronic pain.

FINDINGS: Three views of the thoracic spine demonstrate no compression fracture or subluxation.

Three views of the lumbar spine demonstrate minor degree of degenerative change at L5-S1 level.

There is no compression fracture or subluxation.

There is no spondylolysis or spondylolisthesis.

Signed\_

Yousuf, M.D.

NY:eg

DIC: 12/6/2013

Films from Menard Correctional Center

M.D. Review Date

Doctor

Pull Chart / See Patient

File\_

4	Offender Outpatient Progress Notes  Cente	or .
	Offender Information:  Ronald  First Name	LOAN: NLOO ] 88
Date/Time	Subjective, Objective, Assessment	Pians
PholB	Midical Digado Noto.	
1000am/	Medical Records Note: Liquisted records were mailed	
	Signisted richard with injuries	a. Rodgero, PHTI mes
	on this date.	M. Madelo, Extrings
12/13	mo note	
1045 -	51 Op cervical pain	Pi Exames
	or alext in into	Miloxicon P
	ned pay what	as written
	some mill narrowned	
	)	
	4-5	
	At degenerative disease Cy-C5	+ 54
		Cost
		notal
		Macurian
i I	TOTAL TOWN NOTE	12/27/113
121 3	OPTOMETRY NOTE SEE IDOC 0081	MAN ALL
7.450		UKOUNOUL
4.130	•	200 200 / 1955 2 200
Distribution: Offende	er's Medical Record  Privated on Recycled Paper	DOC 0084 (Eff. 9/200 (Replaces DC 7147

### ILLINOIS DEPARTMENT OF CORRECTIONS Offender Medical History



		Ме	nard Correctional Facility	Center	
HIV Opt-Out:					
	ffender Info	rmatior		1 11	NIMER
Refused	Bu	urt	,	Bonald	E. N60788
Reception History		Last Na		First Name	•••
	ace:. 🗹 V	Mills 1	African American	Asian American  Hispani	c Native American Other
	ender: 🛭 🕹	] Male	Female	Date of Birth:	1,11,01
Time: 915 p.m.					
Subjective:	Past Medic			nt Illness / Family History	
Condition	Yes	No	Family History	Explanation	
Allergies Smoking		1		7) 3	
Pediculosis		V			
Seizures		5			
Asthma Cardiac/HTN		1			
Diabetic	+	1			
Disability (vision, hearing, etc.)		0		910:53	
Communicable Disease a. Hepatitis/Jaundice	0	п		HOUD post	ty 1
b. Hx + PPD/Active TB	2000	apple		The part of	
c. STD d. HIV +/AIDS					
Surgeries		-		Riknee remult	916 0599
Hx of Psych Tx	8				
a. Past Suicide Attempt     b. Current Suicidal Ideation	1 8		35		
Recent Drug/ETOH use					
Mobility Problems a. Assistive Devices		4			
b. Prosthetics		DESIGNATION			*
c. Specialized Equipment				Malma acan	1
Other Medications	$+\check{\hspace{0.1cm}}$	0		Monic - cspin	
History of Sexual Abuse or Predator Oriented x3	1			<del> </del>	
Other:	+ -				
Outer.		/			
ojective: T: P:84	regular	☐ imeg	ular P	a ⊠ regular [	irregular 3 BAP: 134,94
Height 6'3" Weight	750			LT 20/ Correct	
Behavioral appearance. Hearing loss. Mer	ital status. I	Evidence	of deformity, trauma	, and skin conditions. Coc	perretive dhearing loss.
Stable - o deformity or trail	ima. D	enics	rash. States	has "sore/cys	f" public area.
				1 0	
Assessment: A40x3. Stable is	white ma	٠ يا	Plan: (Check	and complete as appropriate)	
1. Allergy: ASA				al Examination:	☐ Urgent 🛣 Routine
				Health Referral:	☐ Urgent ☑ Routine
Z. glasses				Information Given:	Yes Refused
3 HOVE			4. PPD R		☐ Positive ☐ Negative
4. Psych HX				(-ray performed: X N/	
0			6. Other:	A 1 A	
TB screen done 1/17/14 P Date PPD Administered: / / Date F	PD Read:	1	,		
Date Pro Administered.	TO NOOU		1114.	() CUTT	111.01
Reading:mm By:			Print I	Name of Interviewer	Signature
			R&CUse Only		
LAB	Sickle Cell	Tives	☐ No / Dental		Panorex
EKG	CHRIST.	r\$795.76B	Female	Only: PAP	Mamo
Distribution: Offender's Medical Record					DOC 0092 (Rev. 11/2012)

## Offender Outpetlent Progress Notes Mcci Center Offender Information: Date/Time Plans Subjective, Objective, Assessment AN Note / CAT NOT 1st Tubersol 0.1cc Intradermal Left Forearm STON 1 3 3.21.14

Dietribution: Offender's Medical Record

04

98.

DOC 0084 (EW. 9/2002 (Replaces DC 7147)

	Offender Outpatient Progress Not	es Center
	Offender Information:  But Rome First Name	ald E NS0788
Date/Time	Subjective, Objective, Assessment	Plans
3/27/4	mo note	
1330	St Peliel & more	page of the control o
98	O' neck & 1 Rom	
126/2	A estearthetis conical mi	
72	The content of the co	PL /
, 1	i. mal	bic 7.5mg PO BAD PQX
		Good 1. mg PO BAJ HAIX
-		with w Trost
	I A	Jan on Maria
And the second s		01/001
and the second s		
	4.	
Distribution: Offender's		DOC 0084 (Eff. 9/2002

# **ILLINOIS DEPARTMENT OF CORRECTIONS** Offender Outpatient Progress Notes Center Offender Information: N6078 Date/Time Subjective, Objective, Assessment Plans Distribution: Offender's Medical Record DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

### Offender Outpatient Progress Notes

menurd	Carr	Center		
Offender information:				
But	Ronald	d		IDIN: N 60788
Last Name	F	rat Name	MI	

Date/Time	RN NOYE Subjective, Objective, Assessment	Plans
10-10-14	3- C/o co pay = chronic pain	8-FL juk,
130 1 pm	D- 9-25-14 Refused NSC tue	
	to ce pay. 10-6-14 NSC for	
	numberes/tingling Rt leg >	
	refer to mp + seen = fumluk	
7	A-Grievance Response	Conget Ru
10/14/1	7-0-1	Kray of
1135	S- fg, for number a	L-S openie
150	tingling "lite my	to conjuce E
lor.		12/4/13.
ap 1 47	Started while he was	ner 21 mely
118/84)	walking; got diggy -	Hus
1 / / /	disoniented that same	fer-el
16/-:	dag. At of min OUD	14/4/
97.201	L5-51. + hy. el	(7)
The second secon	O-fort study gast a	10 WA
And the second s	neurlogedly intact	

Distribution: Offender's Medical Record

DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Prisuad on Recycled Paper

	ILLINOIS DEPARTMENT OF CORRECTIONS	
	Offender Outpatient Progress Notes	
		nter
	Offender Information:	
	- But Hondell	LDH:
	Last Name First Name	M
Data/Time	Subjective, Objective, Assessment	Pians
0/1/1	good solver of free	
115	Less.	
The second secon		
	A- Hypocatherin (R) lower est, etin ???	
	HK.	
		12 1219/19
10/1		
10/14/14	X-RAYS DONE	L A
10"	Limbar pine	Brippet Rot
Principles was		A STATE OF THE STA
		[/]
	and the second s	The second of th
The second secon		
A AMARINE LATER CONTRACTOR TO STATE AND	The second secon	
Andrewson of the control of the cont		
ibution: Offender's Ma	edical Record	DOC 0084 (Eff. 9/2002 (Replaces DC 7147)

Printed on Recycled Paper

ONE RADIOLOGY Normal, IL 61761 Date: October 17, 2014

PATIENT: Burt, Ronald

ID#: N60788 DOB: 1/17/67

Ordered by: Dr. Fuentes Menard Correctional Center

LUMBAR SPINE THREE VIEWS 10/16/2014

HISTORY: Numbness of the right leg.

FINDINGS:

There is mild degenerative disc disease at L5-S1 level.

No compression fracture or subluxation is seen.

Signed\_\_\_\_\_\_N. Yousuf, M.D.

NY:eg

DIC: 10/17/2014

Films from Menard Correctional Center

M.D. Review

Date\_ Doctor

**Pull Chart** 

se Patient

10-22-14

	ILLINOIS DEPARTMENT OF COBRECTIONS		
	Offender Outpatient Progress Notes		
	Center		
	Offender Information:		
	Last Name First Name	10#: N 6 0 7	
Date/Time	Subjective, Objective, Assessment	Piana	
10/24/14	y. D. vite	chiquagn	
1HOP	5- Strie T paid ws	5w m 7	
1-953	the lundar and	Bis per	
4.151	"unbenage" at times.	× 2 mmits	
120/84	0 - Anthense	est per	
par	Some Hedy gain.	the	
RIF	X'noy of No spent -	Find	
	mill degen, whomp	11	
n to a Managagar of our manage and address " mile case in the Managar of our managers."	4-51,	Con	
, , , , , , , , , , , , , , , , , , , ,	A- DID lemban		
	Eto.	unger salah sa Narmarimah Maarmalais sahanpungsahan sahan risa salah <mark>nagangan pa</mark>	
Breds hydror			

### **Wextord Health**

**Initial Hepatitis Work Sheet - Illinois** 

Name: Bust Koral ID Number: NGO 188	Date: 5/8/14 Time:
NURSING ASSESSMENT	
W.C. B.C	MSR/Outdate: Life
Sex: Male Female	Race: 🔀 Caucasian 🗌 African American 🗎 Hispanic 🗌 Asian
Intravenous Drug Use: Yes 🖾 No 🗀	
Alzohol consumption: Yes No [2] Tattooing: Yes X No [2]	
Previous Dx of Hap B/C: Yes 2 No C	
Hemodialysis: Yes ☐ No 🗵	
Episode Jaundice: Yes AND VACCULES: Hep A/B Yes AND	Date Staned: Linknown Date Completed: Linknown
ANDRESS HAP NO 180 MIND	Date States. CATOPINIT Date Compared. CATOPINA
Medications: 1 mobic 7	5mg Rid 2
5	5mg 510 2 3 4 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
(A)	
PROVIDER ASSESSMEN	Г:
Comorbidities:	
H/O: None	Coronary Heart Dz Cerebrovascular Disease COPO Renal Insufficiency Diabetes
☐ Thryoid Disease ☐ Esophageat Vi ☐ Thrombocytopenia ☐ Anemia	arices Ascides Dupper or Lower GI Bleed Active PUD Congulopathy Jaundice/Hyperbilinubmemia HIV Connective Tissue Disease Solid Organ Transplant Hypertension
☐ Neuropsychiatric Disorder	Age >50 MOMer. Sculiosis
2. 3. 4. *Example: List HbA1c% if	Diabetic, last TSH if thyroid d.o., list mental health med doses and duration on doses if mental health disorder, CD4 count/ HTV VL if HTV coinfected, etc.
Studies: Habita 14.6	1 45.7 Pils 149 WBC 5.2 ANC 2.8 Date 12-413 PT/NIR 1.1 Date 12-4-13
137 K+ 4.0	CI- 104 CO2- 25 BUNC 11 / 1.0 Data: 12-4-13
ALT 43 AST 32 Hep Big Hep Bi	Uk Phos 53 Tot BillyDirect 0:9   1 0:3 Albumin 4.3 Dats   12-4-13
APRI = AST/ULN AST x 100/Platelet Co	A = =1
Previous HCV Genotype/ HCV Viral load	
Previous Liver Biopsy Date: 5/1	18 Result: G3 SQ (Fax Biopsy Report 412-937-9151)
Collegial discussion with H  Date/ Time of discussion: Recommendations made Recommended Follow-up testing/ labs or	epatitis Coordinator regarding consideration for Hepatitis treatment:
Nurse Signature	Date: 5/12/14 Time



OneRadiology Normal, IL 61761 Date: December 6, 2012

Patient: Burt, Ronald ID#: N60788 DOB: 1/17/67

Ordered by: Dr. Nwaobasi Menard Correctional Center

CERVICAL SPINE THREE VIEWS 12/5/2012

HISTORY: Chronic pain.

FINDINGS: There is narrowing of the disc at C4-C5 level suggestive of degenerative process.

The precervical soft tissues are not thickened and there is no gross evidence of an acute regional bony fracture or dislocation.

The trachea is midline.

Signed N. Yousuf. M.D.

NY:eg

DIC: 12/6/2012

Films from Menard Correctional Center

M.D. Review

Date\_

Doctor

Pull Chart
See Patient

File

12-11-12



### **ODIE WASHINGTON**

Menard Correctional Center / Menard, Illinois 62259-0711 / Telephone (618) 826-5071

PATIENT NAME: Burt, romald DATE OF EXAMINATION: 10-24-96

PATIENT NO .: NG 0788 ATTENDING PHYSICIAN: Kaan

BIRTH DATE: 1-17-67 INSTITUTION: Menual CC

**EXAMINATION** 

C-Spine REQUESTED:

HISTORY:

RELEVANT C/o Brilet Noche pula

CERVICAL SPINE

There is a mild left convex torticollis centered at C3 and a lower cervical upper thoracic scoliosis convex to the right centered at C6/C7. The prevertebral, predental and intervertebral disc spaces are of normal width. No fracture, spondylolisthesis or destructive changes are identified.

IMPRESSION: NO FRACTURE.

TORTICOLLIS AND SCOLIOSIS.

STLBERSTEIN, M.D. MICHAEL J MJS/sb

Xray/Lab	Report
Sec'd C-L Off   Da	ate Initia
Dr. Rev Avel 1	8-96 1/2
10/20	1/98 44
Status per Dr. Order	
Esc.11 com	
Padan we -	
C. A. A.	- name of
No et	X
InitialsT/RH with	BO

**RADIOLOGIST**